

Public Opinion Survey on Regulation of Private Healthcare Facilities

~ Survey Report ~

Prepared for

Food and Health Bureau

By

Consumer Search Hong Kong Limited



Consumer Search Hong Kong Limited receives ISO 9001:2008 certification on its quality management system of marketing research consultancy services in Hong Kong. All research projects are conducted in accordance with the provisions of the ICC/ESOMAR International Code of Marketing and Social Research Practice.



ISO 9001:2008



ISO Cert No.: HKG0031007

5/F., Island Place Tower, 510 King's Rd., Hong Kong Tel: 852 2891 6687 Fax: 852 2833 6771
Email: general@csg-worldwide.com <http://www.csg-worldwide.com/>

Table of Contents

- Chapter 1 Executive Summary (English)..... 4
 - Executive Summary (Chinese) - 行政摘要..... 6
- Chapter 2 Survey Background and Objectives 6
- Chapter 3 Survey Methodology 9
 - 3.1 Sample Coverage and Target Respondents 9
 - 3.2 Sample Frame 9
 - 3.3 Sampling Design 9
 - 3.4 Estimation Method 10
 - 3.5 Pilot Survey 10
 - 3.6 Fieldwork Period and Response Rate..... 10
- Chapter 4 Survey Findings..... 11
 - 4.1 Major Findings 11
- Appendix 1 Enumeration Results..... 31
- Appendix 2 Respondent Profile 32
- Appendix 3 Questionnaires 38

Summary of Graphs

Graph 1 Agreement on defining high-risk medical procedures and regulating facilities where high-risk medical procedures are performed..... 11

Graph 2 Agreement on strengthening the existing regulation on the service quality of the private healthcare facilities in terms of governance structure, patients’ safety and risk management, etc. 13

Graph 3 Agreement on providing the public and patients with the details of fees by all regulated PHFs 14

Graph 4 Agreement on providing the public and patients with the clear estimate of charges for treatment by all regulated PHFs..... 16

Graph 5 Agreement on providing the public and patients with the statistics on historical bill sizes of patients by all regulated PHFs..... 17

Graph 6 Agreement on establishing a complaint system by the Government to handle complaints lodged by patients against the regulated PHFs 19

Graph 7 Agreement on establishing a mechanism by the Government to regulate the medical groups which are held in the name of private healthcare companies and to only employ medical practitioners to provide healthcare services 20

Graph 8 Agreement on enhancing the statutory powers of the authority concerned to issue regulations and code of practice, and to initiate prosecutions or impose penalties against those who have violated these regulations or code of practice 22

Graph 9 Agreement on enhancing the statutory powers of the authority concerned to issue orders to cease the operation of facilities, instruments or services which pose risk to patients’ safety 23

Graph 10 Opinion on increasing the sanctions against unregistered private hospitals from the existing fine of two thousand dollars and imprisonment for three months to a maximum fine of five million dollars and imprisonment for two years 25

Graph 11 Opinion on increasing the sanctions against registered private hospitals for non-compliance with the regulatory provisions from the existing fine of two thousand dollars to a maximum fine of one million dollars..... 26

Graph 12 Opinion on imposing sanctions against unregistered facilities where high-risk medical procedures are performed with a maximum fine of one hundred thousand dollars and imprisonment for three months..... 28

Graph 13 Opinion on imposing sanctions against unregistered medical groups with a maximum fine of one hundred thousand dollars and imprisonment for three months 29

Graph 14 Gender 32

Graph 15 Age 32

Graph 16 Household size 33

Graph 17 Employment status 33

Graph 18 Working at private healthcare facilities (PHFs)..... 34

Graph 19 Occupation 34

Graph 20 Non-working status 35

Graph 21 Education attainment..... 35

Graph 22 Type and tenure of accommodation..... 36

Graph 23 District of residence 36

Graph 24 Monthly personal income 37

Graph 25 Monthly household income 37

Chapter 1 Executive Summary (English)

1.1 INTRODUCTION

1. The Food and Health Bureau (FHB) commissioned CSG to conduct a public opinion survey (the Survey) to collect the public's view on the proposals for revamping the regulatory regime for the private healthcare facilities.
2. A total of 5 012 persons aged 18 or above (excluding domestic helpers) were successfully enumerated between January 19 2015 and June 2 2015 through telephone interviews in the Survey. The overall response rate was 29.7%. The maximum sampling error or precision level at 95% confidence level was in the region of ± 1.4 percent.

1.2 MAJOR FINDINGS

3. Over eight-in-ten respondents agreed on the following proposals on regulation of high-risk medical procedures and service quality of private healthcare facilities:
 - (a) Strengthening the regulation on the service quality of the private healthcare facilities in terms of governance structure, patients' safety and risk management, etc. (where the existing legislation regulates only on staffing and equipment of the private healthcare facilities) (88.8%); and
 - (b) Defining high-risk medical procedures and regulating facilities where high-risk medical procedures (including general anaesthesia, liposuction, chemotherapy, etc.) are performed (81.4%).
4. Regarding the provision of more fee information to public and patients by the private healthcare facilities, over seven-in-ten respondents agreed on the following:
 - (a) To provide details of fees, such as a detailed fee schedule (92.7%);
 - (b) To provide clear estimate of charges for treatment (89.9%); and
 - (c) To provide statistics on historical bill sizes of patients (70.5%).
5. 93.6% of the respondents agreed that the Government should establish a complaint system to handle complaints lodged by patients against the regulated private healthcare facilities.
6. 86.7% of the respondents agreed that the Government should in particular establish a mechanism to regulate the medical groups, such as the existing chains of clinics, which are held in the name of private healthcare companies, and only employ medical practitioners to provide healthcare services.
7. Over eight-in-ten respondents agreed that the following statutory powers of the authority concerned should be enhanced:
 - (a) To issue regulations and code of practice, and to initiate prosecutions or impose penalties against those who have violated these regulations or code of practice (89.7%); and
 - (b) To issue orders to cease the operation of facilities, instruments or services which pose risk to patients' safety (86.6%).

8. Regarding the sanctions imposed on private hospitals, over half of the respondents considered the following increments appropriate:
 - (a) Increasing sanctions against registered private hospitals for non-compliance with the regulatory provisions from the existing fine of \$2,000 to a maximum fine of \$1,000,000 (60.4%); and
 - (b) Increasing sanctions against unlicensed private hospitals from the existing fine of \$2,000 and imprisonment for three (3) months, to a maximum fine of \$5,000,000 and imprisonment for two (2) years (57.9%).

9. Regarding the new sanctions to be imposed on other regulated private healthcare facilities, around half of the respondents considered them a bit lenient/too lenient, around four-in-ten of the respondents considered them appropriate:
 - (a) Impose sanctions against unlicensed medical groups with a maximum fine of \$100,000 and imprisonment for three (3) months (a bit lenient/too lenient, 56.4%; appropriate, 37.9%); and
 - (b) Impose sanctions against unlicensed facilities where high-risk medical procedures are performed, with a maximum fine of \$100,000 and imprisonment for three (3) months (a bit lenient/too lenient, 49.6%; appropriate, 44.0%).

Executive Summary (Chinese) - 行政摘要

1.1 簡介

1. 食物及衛生局委託精確市場研究中心進行一項民意調查（調查），收集公眾對改革私營醫療機構規管各項建議的意見。
2. 調查在 2015 年 1 月 19 日至 2015 年 6 月 2 日期間進行。透過電話訪談形式訪問了 5 012 位 18 歲或以上（不包括家庭傭工）人士。調查的總回應率為 29.7%。在 95% 置信水平下，最大抽樣誤差或精確水平為 $\pm 1.4\%$ 。

1.2 主要結果

3. 超過八成的受訪者同意以下對監管高風險醫療程序和私營醫療機構服務質素的建議：
 - (a) 加強規管私營醫療機構的服務質素，如管治架構、病人安全、風險管理等（現時法例只規管私營醫療機構的人手及設備）（88.8%）；及
 - (b) 界定高風險醫療程序，以及規管進行這些高風險醫療程序（包括全身麻醉、抽脂、洗腎、化療等）的場所（81.4%）。
4. 在私營醫療機構提供更多收費資訊給市民和病人方面，超過七成受訪者同意以下建議：
 - (a) 提供收費詳情，如詳盡的價目表（92.7%）；
 - (b) 提供明確的醫療支出預算（89.9%）；及
 - (c) 披露過往向病人收費的統計數據（70.5%）。
5. 93.6% 的受訪者同意政府應該設立投訴機制，處理病人對受規管私營醫療機構的投訴。
6. 86.7% 的受訪者同意政府應該訂立機制，針對規管醫療集團，即以公司名義持有，而只聘請醫生來提供醫療服務的私營醫療機構（例如現時以同一名稱開設的連鎖式診所）。
7. 超過八成受訪者同意加強當局以下的法定權力：
 - (a) 發布規例及實務守則，及對違反該等規例或守則的行為提出檢控或者施行罰則（89.7%）；及
 - (b) 發出指令，停止營運對病人安全構成風險的設施、儀器或服務（86.6%）。

8. 超過一半的受訪者認為增加以下針對私家醫院的罰則是合適的：
- (a) 提高已註冊私家醫院違反規管條文的罰則，由現時罰款二千元，增加至最高罰款一百萬元 (60.4%)；及
 - (b) 提高無牌營運私家醫院的罰則，由現時罰款二千元及監禁三個月，增加至最高罰款五百萬元及監禁兩年 (57.9%)。
9. 約半數的受訪者認為針對其他私營醫療機構的新罰則有點輕／太輕，約四成受訪者則認為合適：
- (a) 新增無牌營運醫療集團的罰則，最高罰款十萬元及監禁三個月。(有點輕／太輕，56.4%；合適，37.9%)；及
 - (b) 新增無牌營運進行高風險醫療程序場所的罰則，最高罰款十萬元及監禁三個月。(有點輕／太輕，49.6%；合適，44.0%)

Chapter 2 Survey Background and Objectives

10. FHB commissioned CSG to conduct a public opinion survey (the Survey) to collect the public's view on the proposals for revamping the regulatory regime for the private healthcare facilities. The Survey was conducted in parallel with the public consultation on the proposed new regulatory regime.
11. Hong Kong has a dual-track healthcare system by which the public and private healthcare sectors complement each other. As one of the Government's major healthcare reform initiatives, the proposed strengthening of the regulation of private healthcare facilities represents an important step in enhancing the long-term sustainable development of the healthcare system, especially in rationalising the use of healthcare resources in both public and private sectors, and enhancing the role of private healthcare facilities in the provision of quality healthcare services.
12. The revamp will introduce a more robust and comprehensive regulatory regime for private healthcare facilities. The new regulatory regime will focus on strengthening the oversight of the operation and management of the private healthcare facilities, introducing measures to enhance protection of patients' right and instituting a modernised and articulated regulatory framework for effective regulatory control.

Chapter 3 Survey Methodology

3.1 SAMPLE COVERAGE AND TARGET RESPONDENTS

13. The Survey covered the land-based households that were installed with residential telephone lines in Hong Kong. Within each successfully enumerated residential unit, views of one member aged between 18 or above were collected using telephone interviewing approach. All domestic helpers were excluded in the Survey.

3.2 SAMPLE FRAME

14. The CSG Residential Telephone Directory (the “CSG Directory”) and the CSG Random-digit Dialling master list of telephone numbers (the “CSG RDD Directory”) were adopted as the master sampling framework for the Survey.
- (a) The latest count of the CSG Directory has maintained an updated list of 1 737 000 residential exchange lines as at September 2014.
 - (i) This represents 71% of the number of domestic households in Hong Kong (2 449 400 as at March 2015) or 70% of total number of exchange¹ and non-exchange lines² serving residential households (e.g. lines which are not used for business, government or other professional purposes or as public telephone stations) in Hong Kong (2 466 400, “Key Statistics for Telecommunication in Hong Kong – Wireline Services” as released by the Office of the Communications Authority (OFCA) on 1 June 2015).
 - (b) The CSG RDD Directory was used as a supplementary sampling frame for the Survey.
 - (i) A total of 637 000 additional active numbers formed the base for random RDD sample generation. Around 40% of the telephone numbers as listed on the CSG RDD Directory are residential lines and the rest (i.e. 60%) of them are commercial in nature.
 - (c) As such, the consolidated list of these two telephone directories represents 81% of the number of domestic households in Hong Kong or 81% of total exchange and non-exchange lines serving residential households in Hong Kong.

3.3 SAMPLING DESIGN

15. Random samples were drawn from the CSG Directory and CSG RDD Directory to form the master sample list for the Survey.
- (a) While a systematic random selection of telephone numbers by District Council districts was used for the sample set built from the CSG Directory, a systematic random selection of telephone numbers by telephone service providers and starting numbers was used for the sample set of CSG RDD Directory.

¹ Exchange lines include Direct Dialling In lines, Facsimile lines and Datel lines.

² Non-exchange lines include but not limited to IP telephony services and wireless fixed telephony services.

- (b) The basic sample set, comprising samples from the CSG Directory and the CSG RDD Directory, was further divided into a number of sample replicates. Within each sample replicate that contained a list of 200 telephone numbers, a representative sample in accordance with the distribution proportion of telephone numbers by District Council district and/ or the starting numbers was developed.
- (c) At the second stage, telephone calls were made to households using the selected telephone numbers. In each successfully contacted residential unit, one person aged 18 or over (excluding domestic helpers) was selected for interview by using the “Last Birthday” method (i.e. to select a family member who just has his/ her birthday most recently).

3.4 ESTIMATION METHOD

- 16. To correct potential bias as introduced by the sample design, incidence of non-response and non-contact cases, weightings were applied to the data by age group (e.g. 18-24, 25-29, 30-34, 35-39, ..., 60-64, 65-69, 70-74, 75-79, 80 and above) and gender (male and female) in accordance with the land-based non-institutional population aged 18 or above in Hong Kong (excluding domestic helpers) released by the Census and Statistics Department in 2015.
- 17. The maximum sampling error or precision level at 95% confidence level for a consolidated sample size of 5 012 respondents was in the region of ± 1.4 percent.

3.5 PILOT SURVEY

- 18. To ensure smooth execution of the Survey, a pilot survey was conducted with 50 successfully enumerated respondents prior to the main survey to test the survey operation and questionnaire design.

3.6 FIELDWORK PERIOD AND RESPONSE RATE

- 19. A total of 5 012 persons were successfully enumerated from January 19 2015 to June 2 2015 through telephone interviews. A successful interview was defined as a telephone interview with the target respondent resulting in the respective questionnaire being completed in full.
- 20. The overall response rate was 29.7%. Details of the enumeration results were summarised in Appendix 1.

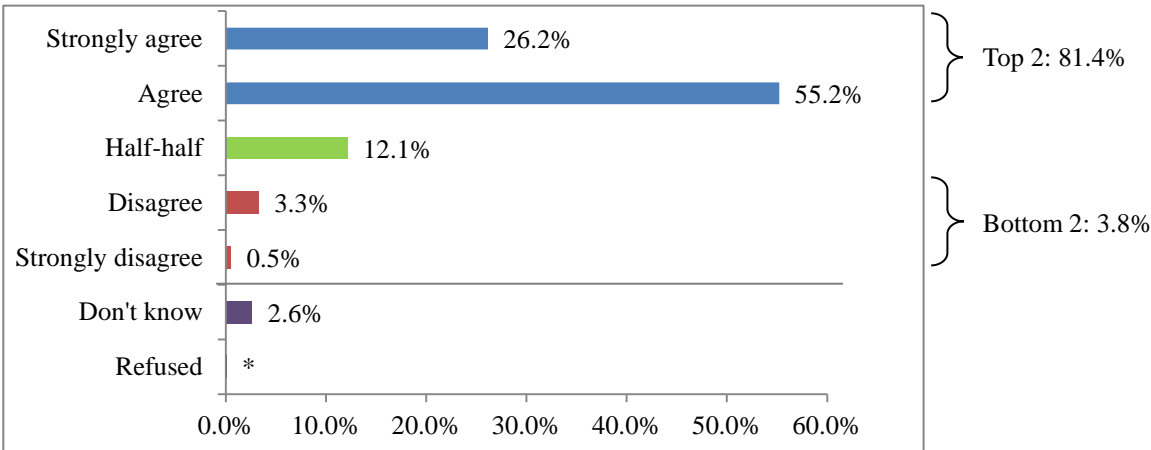
Chapter 4 Survey Findings

- 21. This chapter contains the detailed survey results of the Survey. Findings of key sub-groups (such as age, gender) were highlighted in the report only if significant differences between subgroups were observed.
- 22. For figures presented in this report, percentage figures might not add up to 100% due to rounding.
- 23. Percentages smaller than 0.05% were denoted as “*” in the graphs.

4.1 MAJOR FINDINGS

- 24. Respondents were asked about their agreement on government’s proposal on defining high-risk medical procedures and regulating facilities where high-risk medical procedures are performed:
 - (a) 81.4% of the respondents agreed (strongly agree/ agree) to the proposal, 12.1% picked half-half, and 3.8% disagreed (strongly disagree/ disagree). 2.6% had no comments. (*Graph 1*)

Graph 1 Agreement on defining high-risk medical procedures and regulating facilities where high-risk medical procedures are performed



*Base: All non-institutional land-based Hong Kong residents aged 18 or above (excluding domestic helpers)
 (Unweighted: n = 5 012; Weighted: N = 5 886 800)*

- (b) Analyzed by sub-groups, respondents with the following demographics were more likely to agree with defining high-risk medical procedures and regulating facilities where high-risk medical procedures are performed:

By age

- (i) aged 18-29 (82.4%), aged 30-39 (85.6%) and aged 50-64 (83.0%), versus aged 65 or above (69.0%)
- (ii) aged 40-49 (86.0%), versus aged 18-29 (82.4%) and 65 or above (69.0%)

By education attainment

- (iii) those with secondary education (81.9%) and post-secondary education (84.6%), versus those with primary education or below (60.9%)
- (iv) those with tertiary education (89.3%), versus those with primary education or below (60.9%), secondary education (81.9%) and post-secondary education (84.6%)

By employment status

- (v) employed persons (84.8%), versus non-working persons (76.5%)

By working status

- (vi) students (85.5%) and employed persons (84.8%), versus homemakers (76.9%), retired persons (74.9%) and unemployed persons (71.9%)

By monthly personal income

- (vii) those with monthly personal income \$20,000 to below \$50,000 (86.4%), versus those with monthly personal income below \$20,000 (78.2%)
- (viii) those with monthly personal income \$50,000 or above (91.2%), versus those with monthly personal income below \$20,000 (78.2%) and \$20,000 to below \$50,000 (86.4%)

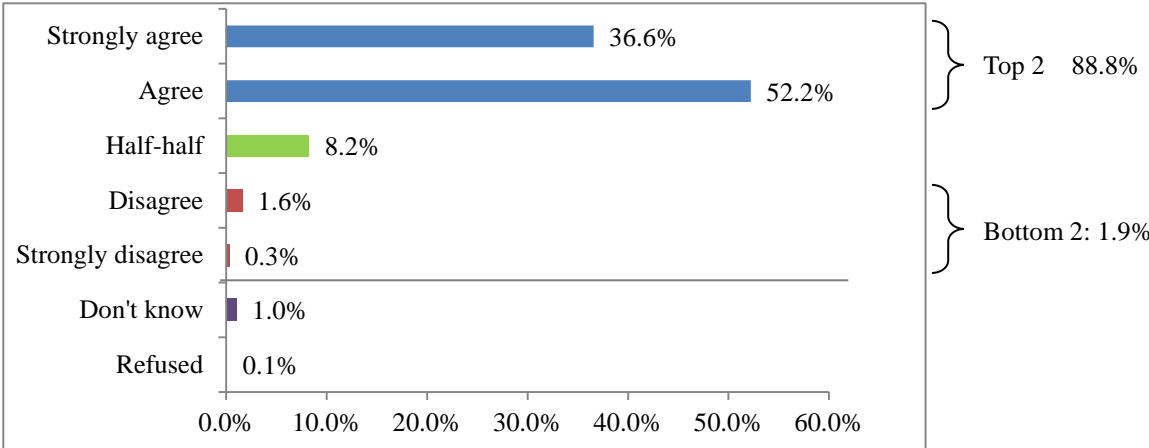
By monthly household income

- (ix) those with monthly household income \$20,000 to below \$50,000 (85.1%), versus those with monthly household income below \$20,000 (73.3%)
- (x) those with monthly household income \$50,000 or above (88.5%), versus those with monthly household income below \$20,000 (73.3%) and \$20,000 to below \$50,000 (85.1%)

25. It was proposed that regulation on the service quality of the private healthcare facilities, in terms of governance structure, patients’ safety and risk management, etc. shall be strengthened (where the existing legislation regulates only the staffing and equipment of the private healthcare facilities). The views of the public in this regard were as follows:

- (a) 88.8% of them agreed (strongly agree/ agree) with strengthening the regulation on the service quality of the private healthcare facilities, 8.2% picked half-half and 1.9% disagreed (strongly disagree/ disagree). 1.1% of them had no comments. (Graph 2)

Graph 2 Agreement on strengthening the existing regulation on the service quality of the private healthcare facilities in terms of governance structure, patients’ safety and risk management, etc.



Base: All non-institutional land-based Hong Kong residents aged 18 or above (excluding domestic helpers)
 (Unweighted: n = 5 012; Weighted: N = 5 886 800)

- (b) Analyzed by sub-groups, respondents with the following demographics were more likely to agree with strengthening the regulation on the service quality of the private healthcare facilities:

By age

- (i) aged 30-39 (89.7%) and aged 50-64 (90.9%), versus aged 18-29 (85.7%) and 65 or above (82.6%)
- (ii) aged 40-49 (93.7%), versus aged 18-29 (85.7%), 30-39 (89.7%), 50-64 (90.9%) and 65 or above (82.6%)

By education attainment

- (iii) those with secondary education (91.6%), post-secondary education (89.2%) and tertiary education (90.6%), versus those with primary education or below (76.2%)

By employment status

- (iv) employed persons (91.0%), versus non-working persons (85.7%)

By working status

- (v) employed persons (91.0%), versus homemakers (87.6%), retired persons (86.0%), students (83.5%) and unemployed persons (82.4%)

By monthly personal income

- (vi) those with monthly personal income \$20,000 to below \$50,000 (92.0%), versus those with monthly personal income below \$20,000 (87.5%)

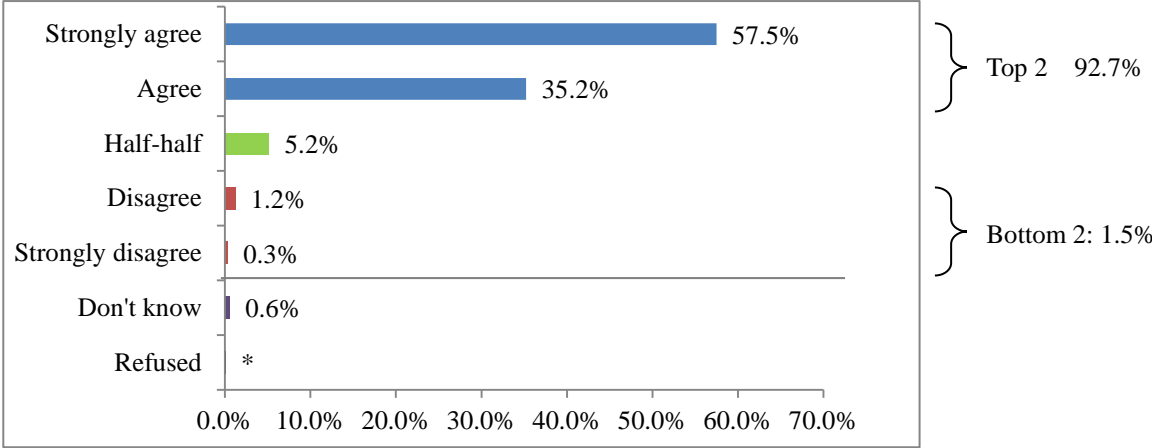
By monthly household income

- (vii) those with monthly household income \$20,000 to below \$50,000 (91.3%) and those with monthly household income \$50,000 or above (91.5%), versus those with monthly household income below \$20,000 (85.7%)

26. Respondents were asked about their agreement on whether all regulated private healthcare facilities should provide the public and patients with **the details of fees**:

- (a) 92.7% of them agreed (strongly agree/ agree) on this aspect, 5.2% picked half-half and 1.5% disagreed (strongly disagree/ disagree). 0.6% had no comments. (Graph 3)

Graph 3 Agreement on providing the public and patients with the details of fees by all regulated PHFs



Base: All non-institutional land-based Hong Kong residents aged 18 or above (excluding domestic helpers)
 (Unweighted: n = 5 012; Weighted: N = 5 886 800)

- (b) Analyzed by sub-groups, respondents with the following demographics were more likely to agree with providing the public and patients with the details of fees by all regulated private healthcare facilities:

By gender

- (i) male (93.6%), versus female (92.0%)

By age

- (ii) aged 18-29 (94.7%), aged 40-49 (95.4%) and aged 50-64 (94.0%) versus aged 65 or above (81.8%)
- (iii) aged 30-39 (97.0%), versus aged 18-29 (94.7%), 50-64 (94.0%) and 65 or above (81.8%)

By education attainment

- (iv) those with secondary education (94.7%), versus those with primary education or below (75.9%)
- (v) those with post-secondary education (97.1%) and those with tertiary education (96.4%), versus those with primary education or below (75.9%) and secondary education (94.7%)

By employment status

- (vi) employed persons (95.6%), versus non-working persons (88.6%)

By working status

- (vii) employed persons (95.6%) and students (95.3%), versus homemakers (90.6%), unemployed persons (87.1%) and retired persons (86.1%)
- (viii) homemakers (90.6%), versus retired persons (86.1%)

By monthly personal income

- (ix) those with monthly personal income \$20,000 to below \$50,000 (96.2%) and those with monthly personal income \$50,000 or above (96.4%), versus those with monthly personal income below \$20,000 (90.9%)

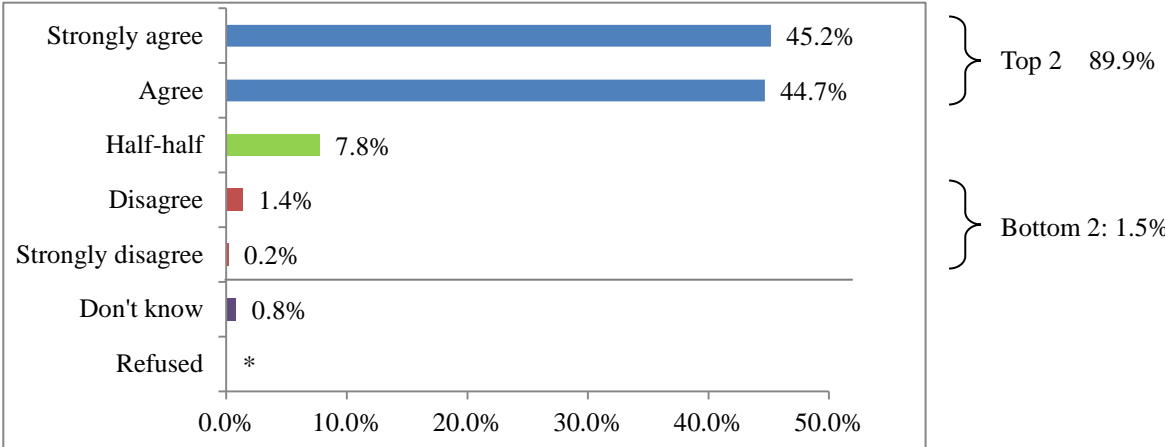
By monthly household income

- (x) those with monthly household income \$20,000 to below \$50,000 (95.8%) and those with monthly household income \$50,000 or above (97.0%), versus those with monthly household income below \$20,000 (86.9%)

27. Respondents were asked about their agreement on whether all regulated private healthcare facilities should provide the public and patients with **the clear estimate of charges for treatment**:

- (a) 89.9% of them agreed (strongly agree/ agree) on this aspect, 7.8% picked half-half, and 1.5% disagreed (strongly disagree/ disagree). 0.8% had no comments. (Graph 4)

Graph 4 Agreement on providing the public and patients with the clear estimate of charges for treatment by all regulated PHFs³



Base: All non-institutional land-based Hong Kong residents aged 18 or above (excluding domestic helpers)

(Unweighted: n = 5 012; Weighted: N = 5 886 800)

- (b) Analyzed by sub-groups, respondents with the following demographics were more likely to agree with providing the public and patients with the clear estimate of charges for treatment by all regulated private healthcare facilities:

By gender

- (i) male (91.2%), versus female (88.7%)

By age

- (ii) aged 18-29 (86.4%), versus aged 65 or above (81.7%)
- (iii) aged 30-39 (94.2%), versus aged 18-29 (86.4%), 50-64 (91.9%) and 65 or above (81.7%)
- (iv) aged 40-49 (94.0%) and 50-64 (91.9%), versus aged 18-29 (86.4%) and 65 or above (81.7%)

By education attainment

- (v) those with secondary education (92.0%), post-secondary education (92.8%) and tertiary education (93.2%), versus those with primary education or below (73.7%)

³ The sum of options (i.e. “Top 2”, “Bottom 2” and “No comments (Don’t know + Refused)”) may not necessarily equal to the sum of the corresponding answers as shown due to rounding of figures to the nearest 0.1%.

By employment status

(vi) employed persons (92.8%), versus non-working persons (85.6%)

By working status

(vii) employed persons (92.8%), versus homemakers (86.6%), retired persons (86.3%), unemployed persons (84.7%) and students (84.5%)

By monthly personal income

(viii) those with monthly personal income \$20,000 to below \$50,000 (94.7%) and \$50,000 or above (94.6%), versus those with monthly personal income below \$20,000 (87.2%)

By monthly household income

(ix) those with monthly household income \$20,000 to below \$50,000 (92.6%) and \$50,000 or above (94.1%), versus those with monthly household income below \$20,000 (86.5%)

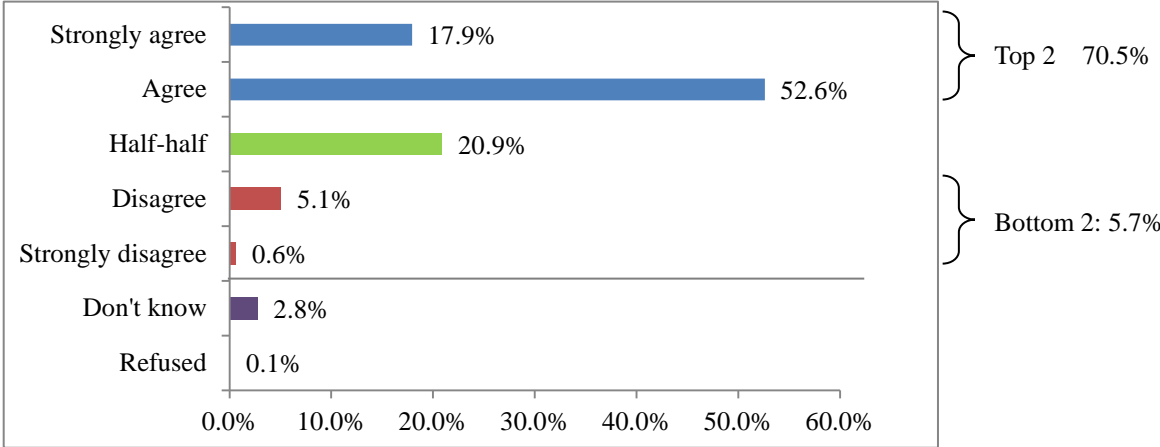
By working at PHFs

(x) those who were not working at private healthcare facilities (93.1%), versus those who were working at private healthcare facilities (84.1%)

28. Respondents were asked about their agreement on whether all regulated private healthcare facilities should provide the public and patients with **the statistics on historical bill size of patients**,

(a) 70.5% of respondents agreed (strongly agree/ agree) on this aspect, 20.9% picked half-half, and 5.7% disagreed (strongly disagree/ disagree). 2.8% had no comments. (Graph 5)

Graph 5 Agreement on providing the public and patients with the statistics on historical bill sizes of patients by all regulated PHFs³



Base: All non-institutional land-based Hong Kong residents aged 18 or above (excluding domestic helpers)
 (Unweighted: n = 5 012; Weighted: N = 5 886 800)

- (b) Analyzed by sub-groups, respondents with the following demographics had a higher tendency to agree with providing the public and patients with the statistics on historical bill sizes of patients by all regulated private healthcare facilities:

By age

- (i) aged 30-39 (77.1%), versus aged 18-29 (63.3%), 50-64 (72.9%) and 65 or above (64.1%)
- (ii) aged 40-49 (74.1%) and 50-64 (72.9%), versus aged 18-29 (63.3%) and 65 or above (64.1%)

By education attainment

- (iii) those with secondary education (72.6%), post-secondary education (71.3%) and tertiary education (72.2%), versus those with primary education or below (59.4%)

By employment status

- (iv) employed persons (73.5%), versus non-working persons (66.2%)

By working status

- (v) employed persons (73.5%) and homemakers (72.4%), versus retired persons (67.5%), unemployed persons (62.2%) and students (54.8%)
- (vi) retired persons (67.5%), versus students (54.8%)

By monthly personal income

- (vii) those with monthly personal income \$20,000 to below \$50,000 (76.9%), versus those with monthly personal income below \$20,000 (67.9%)

By monthly household income

- (viii) those with monthly household income \$20,000 to below \$50,000 (74.9%) and \$50,000 or above (72.5%), versus those with monthly household income below \$20,000 (68.1%)

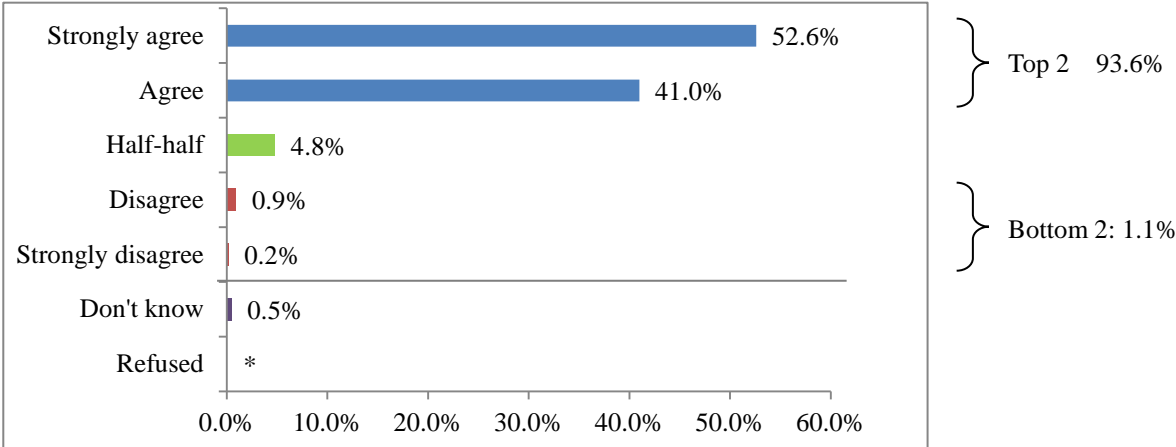
By working at private healthcare facilities

- (ix) those who were not working at private healthcare facilities (73.9%), versus those who were working at private healthcare facilities (61.8%)

29. Regarding the establishment of a complaint system by the Government to handle complaints lodged by patients against the regulated private healthcare facilities, respondents had the following opinions:

- (a) 93.6% of respondents agreed (strongly agree/ agree), 4.8% picked half-half and 1.1% disagreed (strongly disagree/ disagree). 0.5% had no comments. (Graph 6)

Graph 6 Agreement on establishing a complaint system by the Government to handle complaints lodged by patients against the regulated PHFs



Base: All non-institutional land-based Hong Kong residents aged 18 or above (excluding domestic helpers)
 (Unweighted: n = 5 012; Weighted: N = 5 886 800)

- (b) Analyzed by sub-groups, respondents with the following demographics had a higher tendency to agree with establishing a complaint system by the Government to handle complaints lodged by patients against the regulated private healthcare facilities:

By gender

- (i) male (94.7%), versus female (92.6%)

By age

- (ii) aged 18-29 (94.0%), aged 30-39 (96.0%), aged 40-49 (95.7%) and aged 50-64 (94.5%), versus aged 65 or above (87.1%)

By education attainment

- (iii) those with secondary education (95.8%), versus those with primary education or below (82.6%) and post-secondary education (93.4%)
- (iv) those with post-secondary education (93.4%) and tertiary education (95.6%), versus those with primary education or below (82.6%)

By employment status

- (v) employed persons (95.3%), versus non-working persons (91.1%)

By working status

(vi) employed persons (95.3%), versus homemakers (93.0%), students (92.1%), retired persons (90.4%) and unemployed persons (88.8%)

By monthly personal income

(vii) those with monthly personal income \$20,000 to below \$50,000 (96.2%) and \$50,000 or above (96.8%), versus those with monthly personal income below \$20,000 (92.5%)

By monthly household income

(viii) those with monthly household income \$20,000 to below \$50,000 (95.6%) and \$50,000 or above (96.6%), versus those with monthly household income below \$20,000 (91.1%)

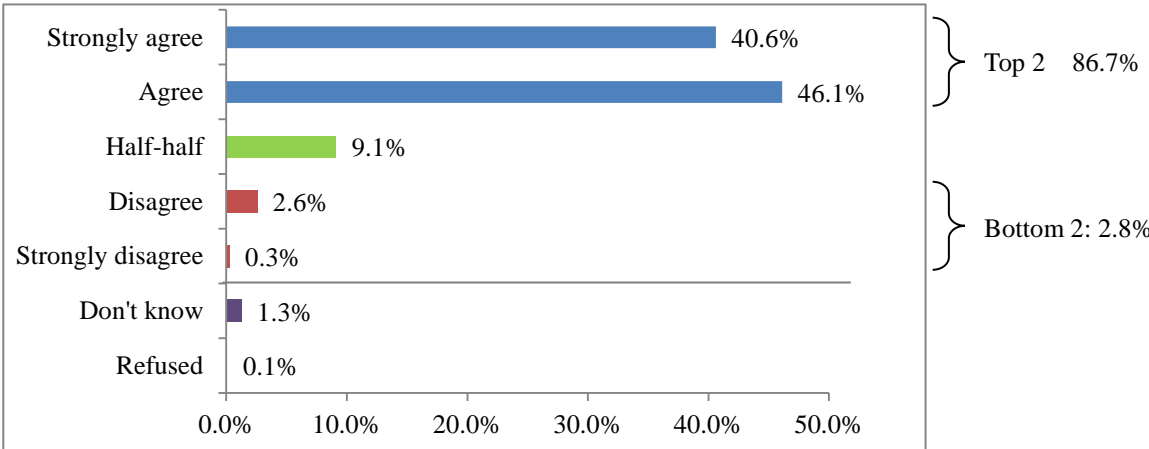
By working at PHFs

(ix) those who were not working at PHFs (95.5%), versus those who were working at PHFs (90.7%)

30. Regarding the establishment of a mechanism by the Government to regulate the medical groups which are held in the name of private healthcare companies, and only employ medical practitioners to provide healthcare services, the respondents had the following opinions:

(a) 86.7% of respondents agreed (strongly agree/ agree) on the mechanism, 9.1% picked half-half and 2.8% disagreed (strongly disagree/ disagree). 1.3% had no comments. (Graph 7)

Graph 7 Agreement on establishing a mechanism by the Government to regulate the medical groups which are held in the name of private healthcare companies and to only employ medical practitioners to provide healthcare services³



Base: All non-institutional land-based Hong Kong residents aged 18 or above (excluding domestic helpers)
 (Unweighted: n = 5 012; Weighted: N = 5 886 800)

- (b) Analyzed by sub-groups, respondents with the following demographics were more likely to agree with establishing such a mechanism by the Government:

By gender

- (i) male (87.9%), versus female (85.7%)

By age

- (ii) aged 18-29 (87.7%) and aged 50-64 (87.4%), versus aged 65 or above (76.4%)
- (iii) aged 30-39 (91.3%), versus aged 18-29 (87.7%), 50-64 (87.4%) and 65 or above (76.4%)
- (iv) aged 40-49 (90.5%), versus aged 50-64 (87.4%) and aged 65 or above (76.4%)

By education attainment

- (v) those with secondary education (87.8%), versus those with primary education or below (69.2%)
- (vi) those with post-secondary education (91.7%) and with tertiary education (91.8%), versus those with primary education or below (69.2%) and secondary education (87.8%)

By employment status

- (vii) employed persons (90.1%), versus non-working persons (81.9%)

By working status

- (viii) employed persons (90.1%), versus students (84.7%), unemployed persons (84.7%), homemakers (81.7%) and retired persons (81.5%)

By monthly personal income

- (ix) those with monthly personal income \$20,000 to below \$50,000 (92.1%) and \$50,000 or above (93.7%), versus those with monthly personal income below \$20,000 (84.0%)

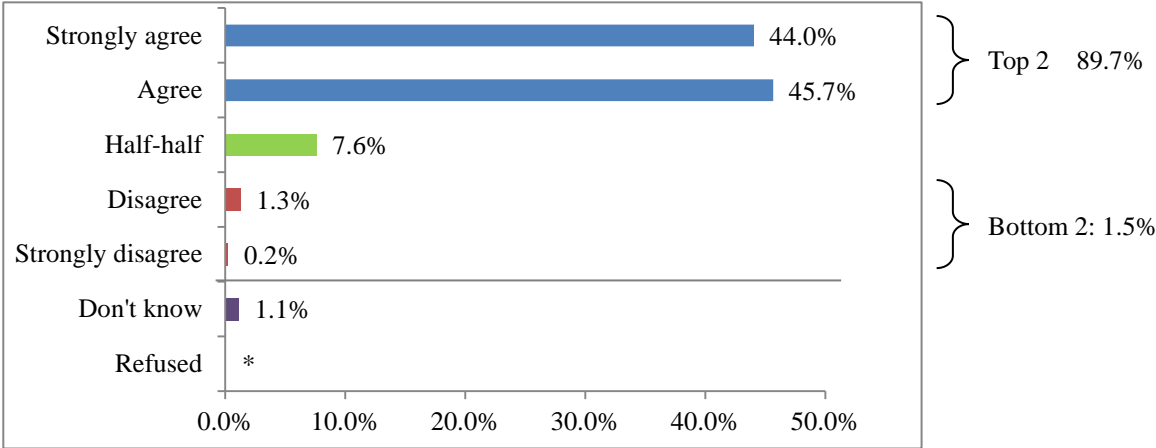
By monthly household income

- (x) those with monthly household income \$20,000 to below \$50,000 (88.8%), versus those with monthly household income below \$20,000 (82.1%)
- (xi) those with monthly household income \$50,000 or above (93.0%), versus those with monthly household income below \$20,000 (82.1%) and \$20,000 to below \$50,000 (88.8%)

31. Regarding the enhancement of the statutory powers of the authority concerned to issue regulations and code of practice and to initiate prosecutions or impose penalties against those who have violated these regulations or code of practice,

- (a) 89.7% of respondents agreed (strongly agree/ agree) on this proposal, with 7.6% picked half-half and 1.5% disagreed (strongly disagree/ disagree). 1.2% had no comments. (Graph 8)

Graph 8 Agreement on enhancing the statutory powers of the authority concerned to issue regulations and code of practice, and to initiate prosecutions or impose penalties against those who have violated these regulations or code of practice³



Base: All non-institutional land-based Hong Kong residents aged 18 or above (excluding domestic helpers)
 (Unweighted: n = 5 012; Weighted: N = 5 886 800)

- (b) Analyzed by sub-groups, respondents with the following demographics were more likely to agree on the proposal:

By gender

- (i) male (91.1%), versus female (88.5%)

By age

- (ii) aged 18-29 (87.9%), versus aged 65 or above (79.0%)
- (iii) aged 30-39 (93.1%), aged 40-49 (93.2%) and aged 50-64 (93.1%), versus aged 18-29 (87.9%) and 65 or above (79.0%)

By education attainment

- (iv) those with secondary education (92.4%), post-secondary education (91.4%), and tertiary education (93.1%), versus those with primary education or below (72.8%)

By employment status

- (v) employed persons (92.5%), versus non-working persons (85.7%)

By working status

(vi) employed persons (92.5%), versus students (87.5%), homemakers (87.2%), unemployed persons (86.8%) and retired persons (85.0%)

By monthly personal income

(vii) those with monthly personal income \$20,000 to below \$50,000 (93.8%) and \$50,000 or above (94.1%), versus those with monthly personal income below \$20,000 (87.5%)

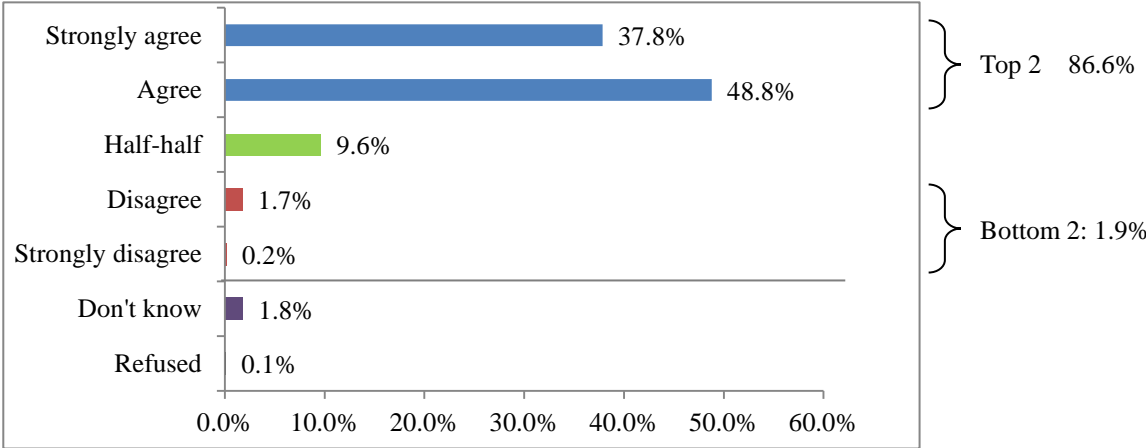
By monthly household income

(viii) those with monthly household income \$20,000 to below \$50,000 (93.6%) and \$50,000 or above (93.1%), versus those with monthly household income below \$20,000 (85.2%)

32. Regarding the enhancement of the statutory powers of the authority concerned to issue orders to cease the operation of facilities, instruments or services which pose risk to patients’ safety,

(a) 86.6% of respondents agreed (strongly agree/ agree) on the proposal, 9.6% picked half-half and 1.9% disagreed (strongly disagree/ disagree). 1.9% had no comments. (Graph 9)

Graph 9 Agreement on enhancing the statutory powers of the authority concerned to issue orders to cease the operation of facilities, instruments or services which pose risk to patients’ safety



Base: All non-institutional land-based Hong Kong residents aged 18 or above (excluding domestic helpers)
 (Unweighted: n = 5 012; Weighted: N = 5 886 800)

(b) Analyzed by sub-groups, respondents with the following demographics were more likely to agree on the proposal:

By age

(i) aged 18-29 (84.2%), versus aged 65 or above (76.4%)

- (ii) aged 30-39 (91.6%), aged 40-49 (92.0%) and aged 50-64 (88.1%), versus aged 18-29 (84.2%), 50-64 (88.1%) and 65 or above (76.4%)

By education attainment

- (iii) those with secondary education (89.1%) and post-secondary education (88.9%), versus those with primary education or below (67.7%)
- (iv) those with tertiary education (91.2%), versus those with primary education or below (67.7%) and secondary education (89.1%)

By employment status

- (v) employed persons (90.0%), versus non-working persons (81.8%)

By working status

- (vi) employed persons (90.0%), versus homemakers (85.9%), students (81.6%), retired persons (81.5%) and unemployed persons (75.4%)
- (vii) homemakers (85.9%), versus retired persons (81.5%) and unemployed persons (75.4%)

By monthly personal income

- (viii) those with monthly personal income \$20,000 to below \$50,000 (91.6%) and \$50,000 or above (91.2%), versus those with monthly personal income below \$20,000 (84.5%)

By monthly household income

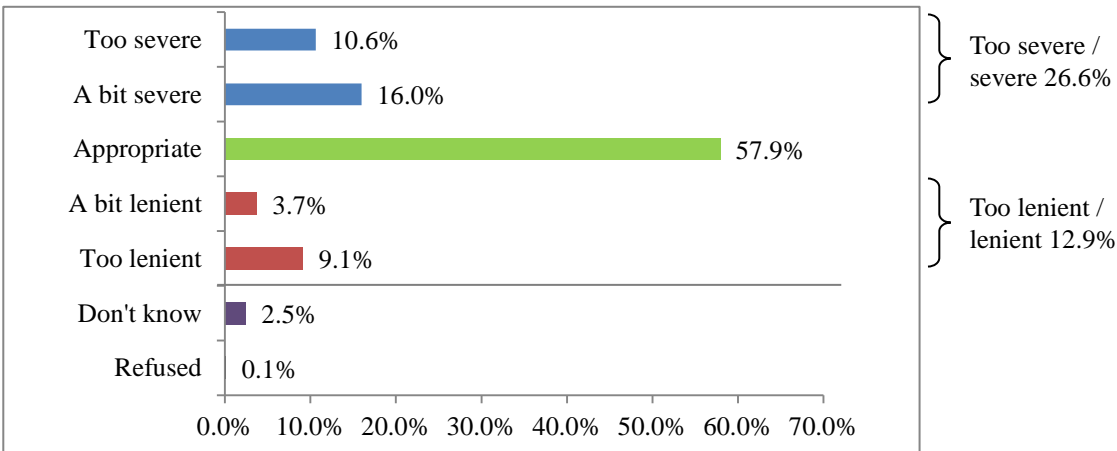
- (ix) those with monthly household income \$20,000 to below \$50,000 (90.2%) and \$50,000 or above (91.8%), versus those with monthly household income below \$20,000 (81.0%)

33. Respondents were asked about their opinions on increasing or imposing new sanctions against the regulated private healthcare facilities. Opinions on four new sanctions were asked in the Survey and the findings were as follows:

(a) Increasing the sanctions against unregistered private hospitals from the existing fine of \$2,000 and imprisonment for three (3) months to a maximum fine of \$5,000,000 and imprisonment for two (2) years.

- (i) 57.9% of respondents considered the above sanction appropriate, 26.6% considered it too severe/ severe, and 12.9% considered it too lenient/ lenient. 2.6% had no comments. (Graph 10)

Graph 10 Opinion on increasing the sanctions against unregistered private hospitals from the existing fine of two thousand dollars and imprisonment for three months to a maximum fine of five million dollars and imprisonment for two years³



Base: All non-institutional land-based Hong Kong residents aged 18 or above (excluding domestic helpers)

(Unweighted: n = 5 012; Weighted: N = 5 886 800)

- (ii) Analyzed by sub-groups, respondents with the following demographics were more likely to consider the sanction appropriate:

By age

- (i) aged 18-29 (63.4%), aged 30-39 (63.7%), and aged 40-49 (62.8%) versus aged 50-64 (56.7%) and 65 or above (43.7%)
- (ii) aged 50-64 (56.7%), versus aged 65 or above (43.7%)

By education attainment

- (iii) those with secondary education (56.6%) and post-secondary education (61.1%), versus those with primary education or below (39.7%)
- (iv) those with tertiary education (67.7%), versus those with primary education or below (39.7%), secondary education (56.6%) and post-secondary education (61.1%)

By employment status

- (v) employed persons (62.1%), versus non-working persons (51.8%)

By working status

- (vi) students (62.2%) and employed persons (62.1%), versus homemakers (53.5%), unemployed persons (52.1%) and retired persons (48.0%)
- (vii) homemakers (53.5%), versus retired persons (48.0%)

By monthly personal income

- (viii) those with monthly personal income \$20,000 to below \$50,000 (64.1%) and \$50,000 or above (65.8%), versus those with monthly personal income below \$20,000 (54.6%)

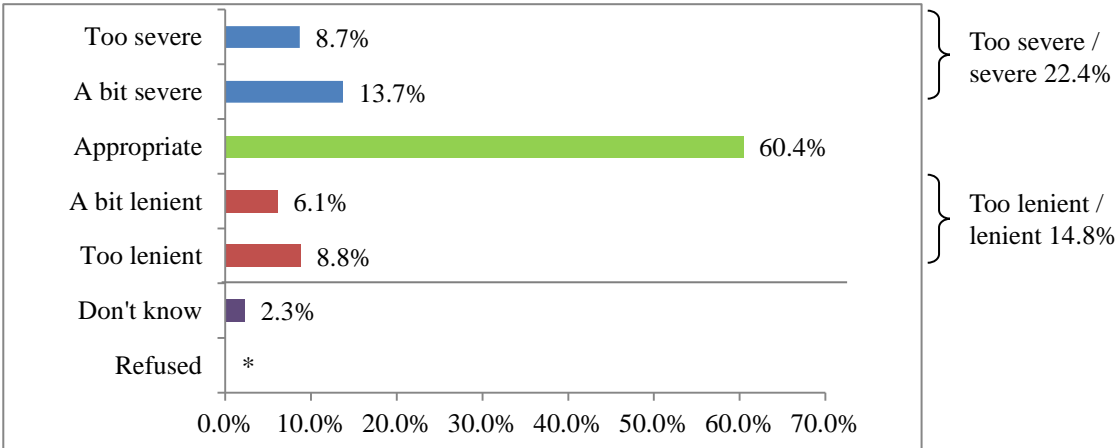
By monthly household income

- (ix) those with monthly household income \$20,000 to below \$50,000 (62.2%) and \$50,000 or above (65.6%), versus those with monthly household income below \$20,000 (50.5%)

(b) Increasing the sanctions against registered private hospitals for non-compliance with the regulatory provisions from the existing fine of \$2,000 to a maximum fine of \$1,000,000.

- (i) 60.4% of respondents considered the above sanction appropriate, 22.4% considered it too severe/ severe and 14.8% considered it too lenient/ lenient. 2.3% had no comments. (Graph 11)

Graph 11 Opinion on increasing the sanctions against registered private hospitals for non-compliance with the regulatory provisions from the existing fine of two thousand dollars to a maximum fine of one million dollars³



*Base: All non-institutional land-based Hong Kong residents aged 18 or above (excluding domestic helpers)
(Unweighted: n = 5 012; Weighted: N = 5 886 800)*

- (ii) Analyzed by sub-groups, respondents with the following demographics were more likely to consider the sanction appropriate:

By age

- (i) aged 18-29 (60.1%) and aged 50-64 (62.0%), versus aged 65 or above (45.9%)
- (ii) aged 30-39 (68.6%), versus aged 18-29 (60.1%), 50-64 (62.0%) and 65 or above (45.9%)
- (iii) aged 40-49 (64.8%), versus aged 18-29 (60.1%) and 65 or above (45.9%)

By education attainment

- (iv) those with secondary education (62.4%) and tertiary education (64.2%), versus those with primary education or below (41.8%)
- (v) those with post-secondary education (68.2%), versus those with primary education or below (41.8%) and secondary education (62.4%)

By employment status

- (vi) employed persons (65.0%), versus non-working persons (53.9%)

By working status

- (vii) employed persons (65.0%), versus students (56.8%), homemakers (54.8%) and retired persons (52.6%)

By monthly personal income

- (viii) those with monthly personal income \$20,000 to below \$50,000 (66.6%), versus those with monthly personal income below \$20,000 (57.6%) and \$50,000 or above (60.8%)

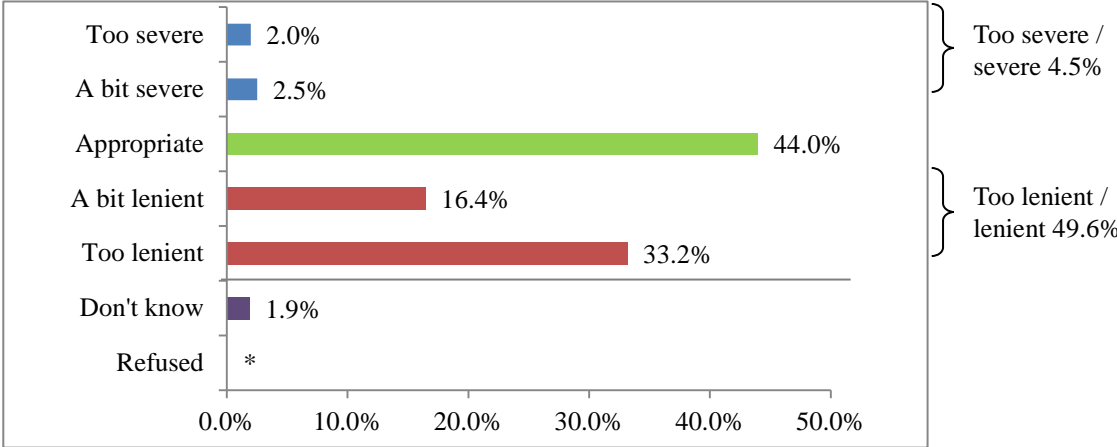
By monthly household income

- (ix) those with monthly household income \$20,000 to below \$50,000 (66.3%) and \$50,000 or above (64.5%), versus those with monthly household income below \$20,000 (52.8%)

- (c) **Imposing sanctions against unregistered facilities where high-risk medical procedures are performed with a maximum fine of \$100,000 dollars and imprisonment for three (3) months,**

- (i) 44.0% of respondents considered the above sanction appropriate, 4.5% considered it too severe/ severe and 49.6% considered it too lenient/ lenient. 1.9% had no comments. (Graph 12)

Graph 12 Opinion on imposing sanctions against unregistered facilities where high-risk medical procedures are performed with a maximum fine of one hundred thousand dollars and imprisonment for three months³



Base: All non-institutional land-based Hong Kong residents aged 18 or above (excluding domestic helpers)
 (Unweighted: n = 5 012; Weighted: N = 5 886 800)

(ii) Analyzed by sub-groups, respondents with the following demographics were more likely to consider the sanction appropriate:

By age

- (i) aged 18-29 (45.1%), aged 50-64 (43.2%) and aged 65 or above (46.1%), versus aged 40-49 (38.7%)
- (ii) aged 30-39 (47.7%), versus aged 40-49 (38.7%) and 50-64 (43.2%)

By education attainment

- (iii) those with primary education or below (43.0%) and post-secondary education (43.1%), versus those with tertiary education (38.0%)
- (iv) those with secondary education (48.7%), versus those with primary education or below (43.0%), post-secondary education (43.1%) and tertiary education (38.0%)

By employment status

- (v) non-working persons (46.0%), versus employed persons (42.6%)

By working status

- (vi) homemakers (49.2%), versus employed persons (42.6%) and unemployed persons (37.3%)
- (vii) students (48.5%), versus unemployed persons (37.3%)

By monthly personal income

- (viii) those with monthly personal income below \$20,000 (46.6%), versus those with monthly personal income \$20,000 to below \$50,000 (42.1%) and \$50,000 or above (35.5%)
- (ix) those with monthly personal income \$20,000 to below \$50,000 (42.1%), versus those with monthly personal income \$50,000 or above (35.5%)

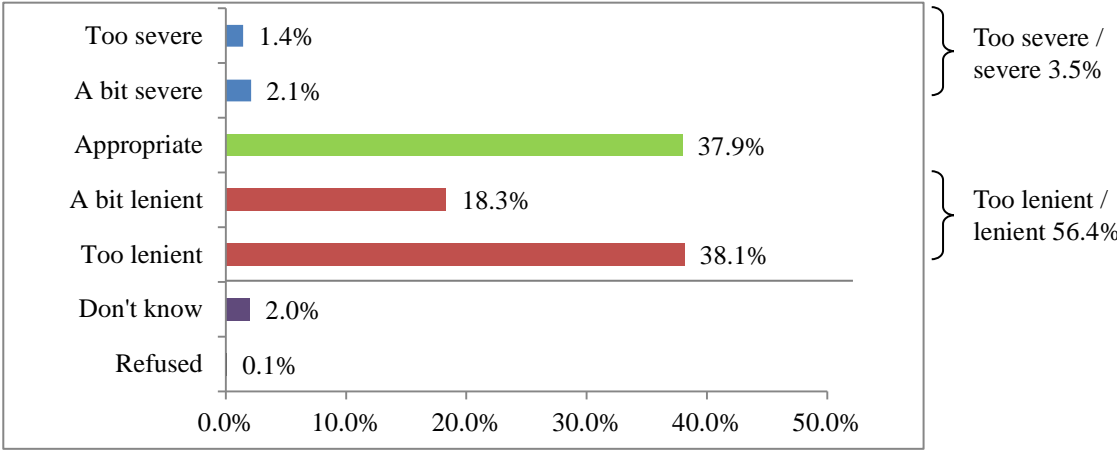
By monthly household income

- (x) those with monthly household income below \$20,000 (46.8%) and \$20,000 to below \$50,000 (47.1%), versus those with monthly household income \$50,000 or above (37.5%)

(d) Imposing sanctions against unregistered medical groups with a maximum fine of \$100,000 and imprisonment for three (3) months

- (i) 37.9% of respondents considered the above sanction appropriate, 3.5% considered it too severe/ severe and 56.4% considered it too lenient/ lenient. 2.1% had no comments. (Graph 13)

Graph 13 Opinion on imposing sanctions against unregistered medical groups with a maximum fine of one hundred thousand dollars and imprisonment for three months



*Base: All non-institutional land-based Hong Kong residents aged 18 or above (excluding domestic helpers)
(Unweighted: n = 5 012; Weighted: N = 5 886 800)*

- (ii) Analyzed by sub-groups, respondents with the following demographics were more likely to consider the sanction appropriate:

By age

- (i) aged 18-29 (37.3%) and aged 50-64 (38.8%), versus aged 40-49 (31.8%)
- (ii) aged 65 or above (46.6%), versus aged 18-29 (37.3%), 30-39 (34.9%), 40-49 (31.8%) and 50-64 (38.8%)

By education attainment

- (iii) those with primary education or below (42.9%) and secondary education (42.1%), versus those with post-secondary education (33.2%) and tertiary education (31.3%)

By employment status

- (iv) non-working persons (42.9%), versus employed persons (34.6%)

By working status

- (v) retired persons (44.9%), students (43.7%) and homemakers (43.0%), versus employed persons (34.6%) and unemployed persons (29.5%)

By monthly personal income

- (i) those with monthly personal income below \$20,000 (41.5%), versus those with monthly personal income \$20,000 to below \$50,000 (32.1%) and \$50,000 or above (29.6%)

By monthly household income

- (ii) those with monthly household income below \$20,000 (44.1%), versus those with monthly household income \$20,000 to below \$50,000 (37.7%) and \$50,000 or above (30.0%)
- (iii) those with monthly household income \$20,000 to below \$50,000 (37.7%), versus those with monthly household income \$50,000 or above (30.0%)

Appendix 1 Enumeration Results

The enumeration results of the Survey are listed below for reference:

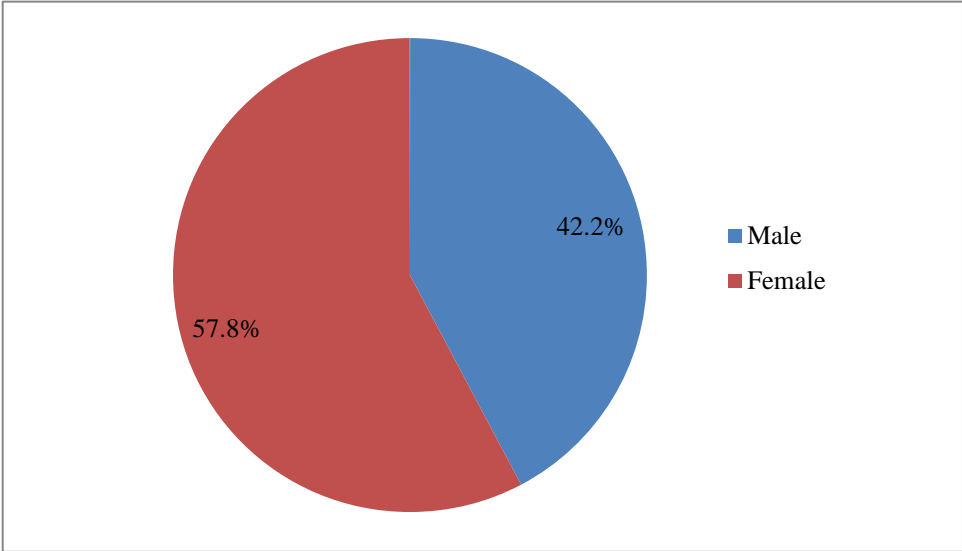
Table 1. Enumeration Results

1. Complete interviews	5 012
2. Eligible, non-interview	5 677
2i. Refusal	4 676
2ii. Mid-way Termination	26
2iii. Non-contact	724
2iv. Unable to communicate	203
2v. Language problem	42
2vi. Verification with FHB needed	6
3. Ineligible cases	13 310
3a. Working telephone numbers	7 278
- Non-residential	2 099
- No target respondent	20
- Claimed wrong number	657
- Fax line	4 502
3b. Non-working/ out of service numbers	6 032
4. Unknown eligibility, non-interview	10 401
4a. Not attempted	5
4b. Busy line	1 340
4c. No answer	5 123
4d. Answering machine (don't know if housing unit)	1 243
4e. Call blocking, password needed	49
4f. Immediate disconnection	2 444
4g. Language problem (don't know if housing unit)	26
4h. Technical phone problems	171
(1)+(2)+(3)+(4) Total number of telephone numbers sampled	34 400
e = (1+2)/(1+2+3a)	59.5%
Response rate = (1)/((1+2)+e(4))	29.7%

Appendix 2 Respondent Profile

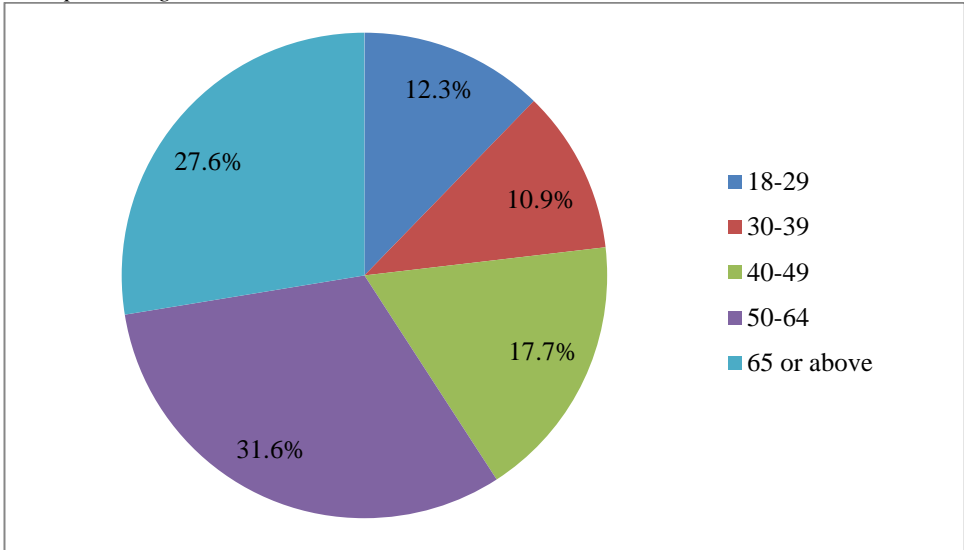
The figures from Graph 14 to Graph 25 are based on the samples enumerated (i.e. weighting not applied) to reflect the proportion of samples enumerated by different profiles, including gender, age, household size, employed person or not, working at private healthcare facilities, occupation, non-working status, education attainment, type and tenure of accommodation, district of residence, monthly personal income and monthly household income. Percentages smaller than 0.05% will be shown as “*” in the graphs.

Graph 14 Gender



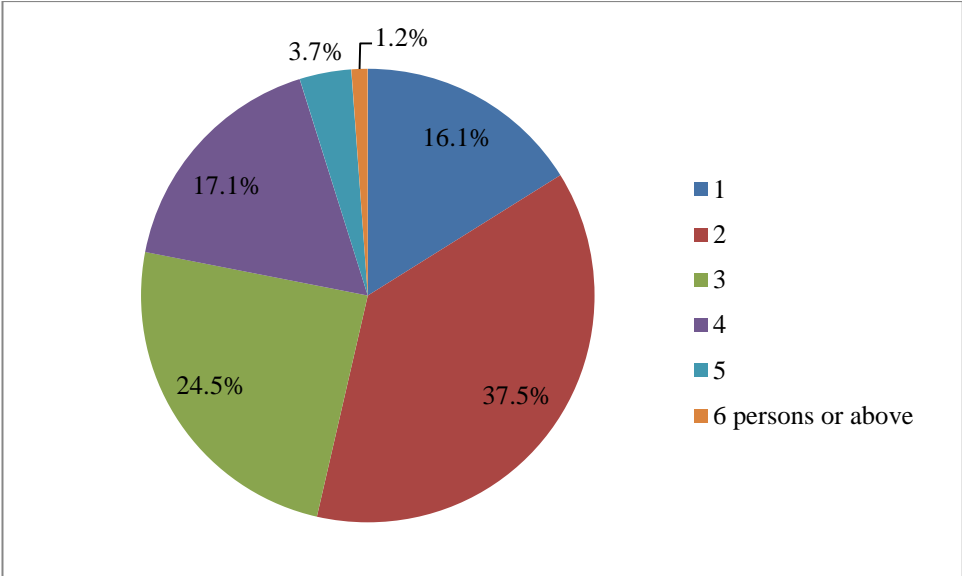
Base: All respondents (n = 5 012)

Graph 15 Age



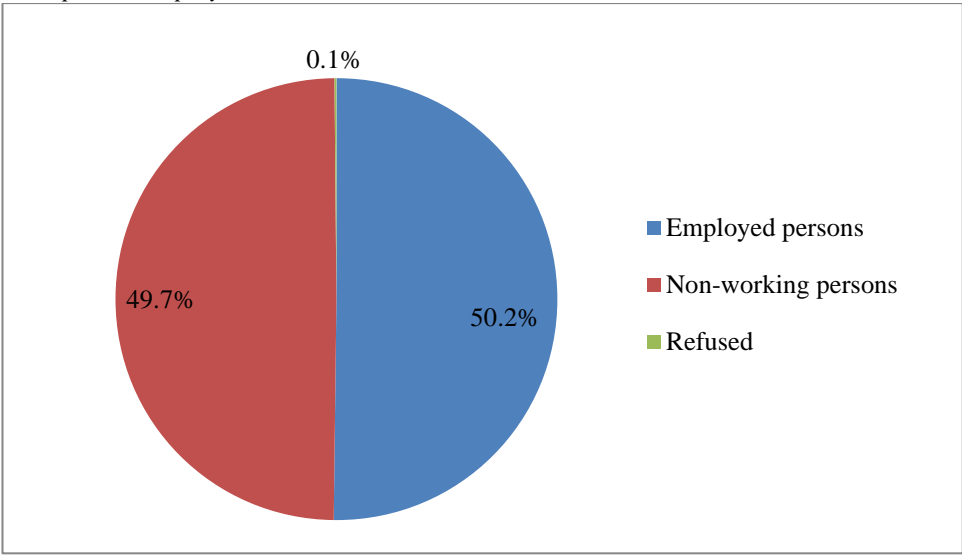
Base: All respondents (n = 5 012)

Graph 16 Household size



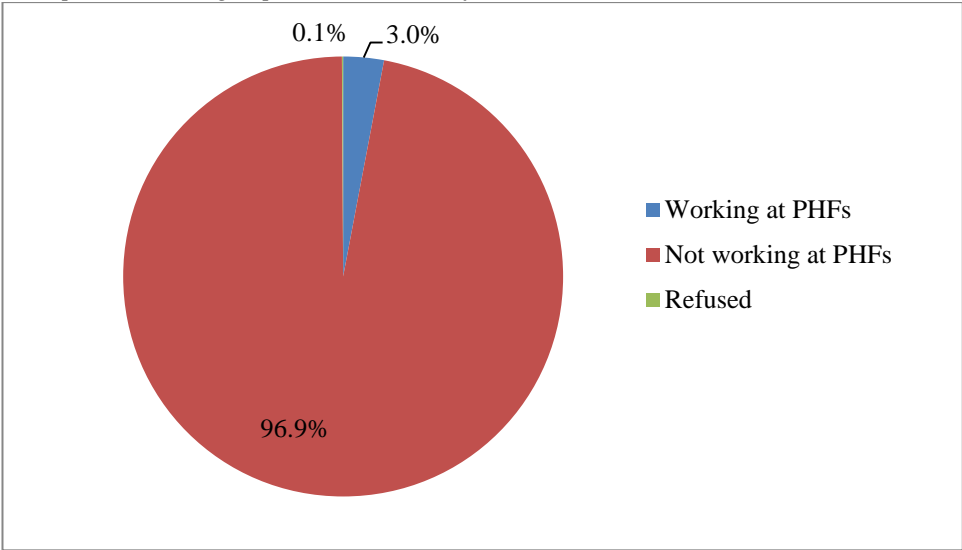
Base: All respondents (n = 5 012)

Graph 17 Employment status



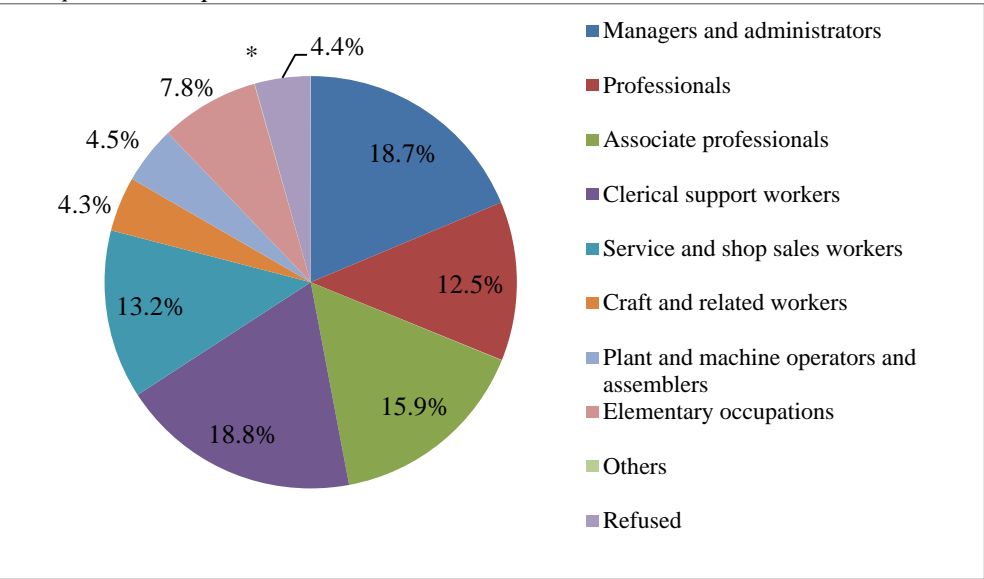
Base: All respondents (n = 5 012)

Graph 18 Working at private healthcare facilities (PHFs)



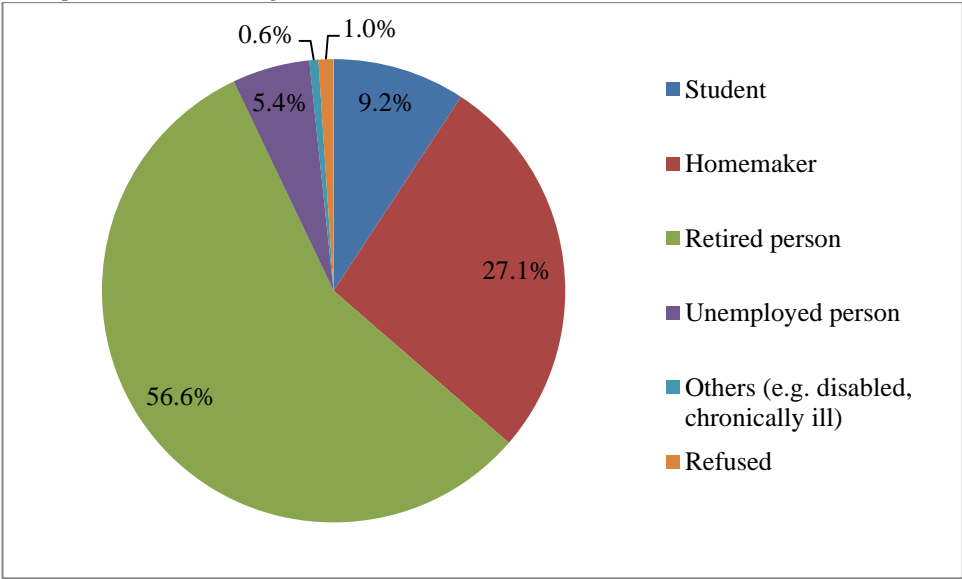
Base: All respondents (n = 2 516)

Graph 19 Occupation



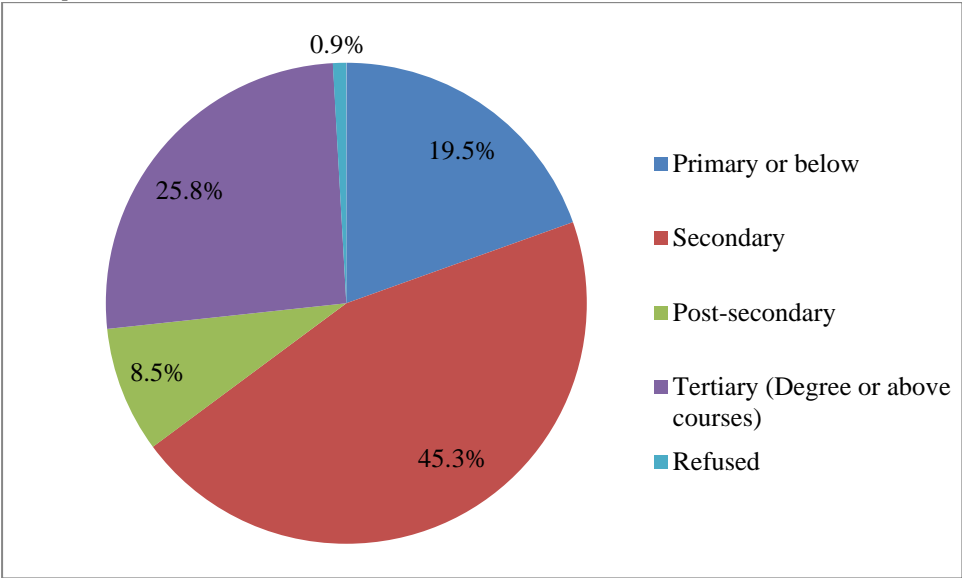
Base: All respondents (n = 2 516)

Graph 20 Non-working status



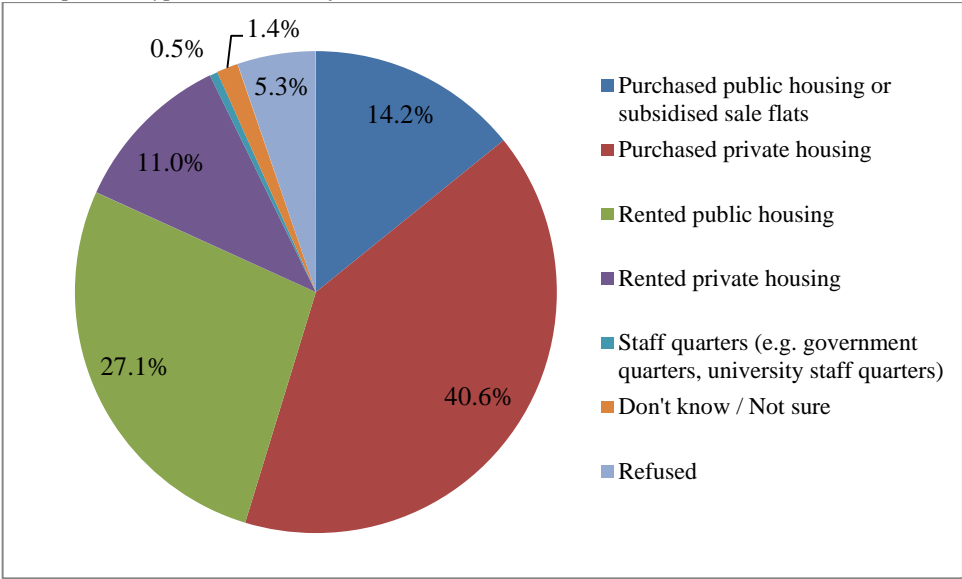
Base: All respondents (n = 2 489)

Graph 21 Education attainment



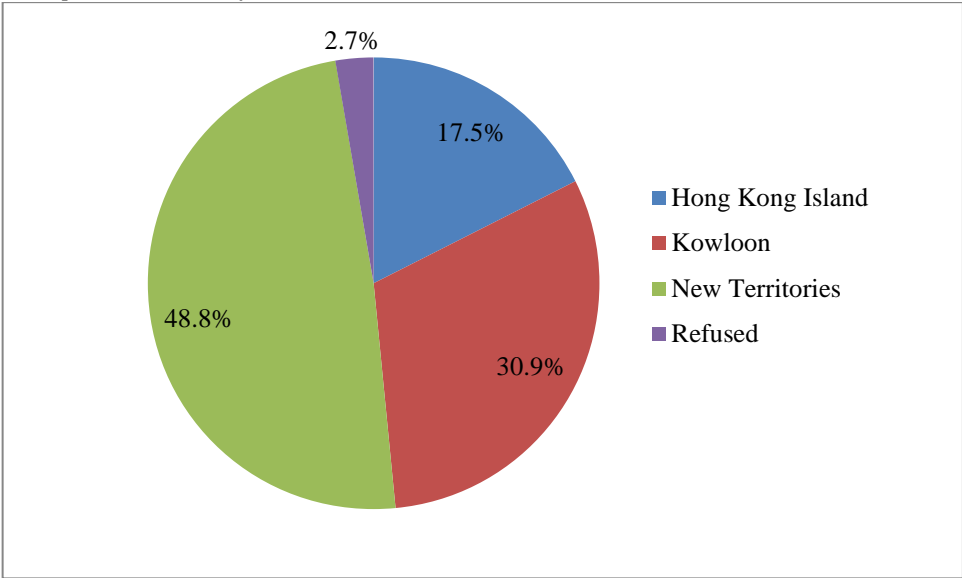
Base: All respondents (n = 5 012)

Graph 22 Type and tenure of accommodation



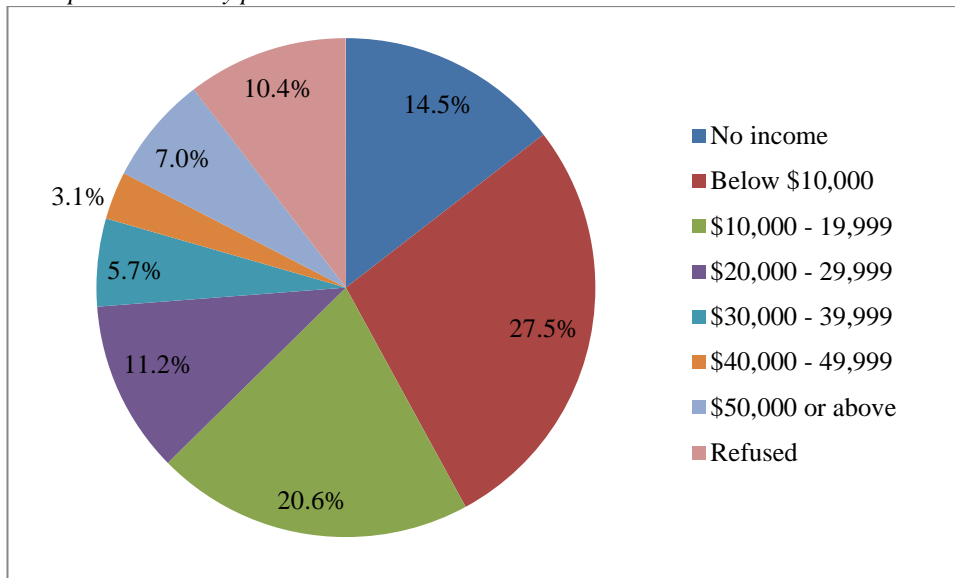
Base: All respondents (n = 5 012)

Graph 23 District of residence



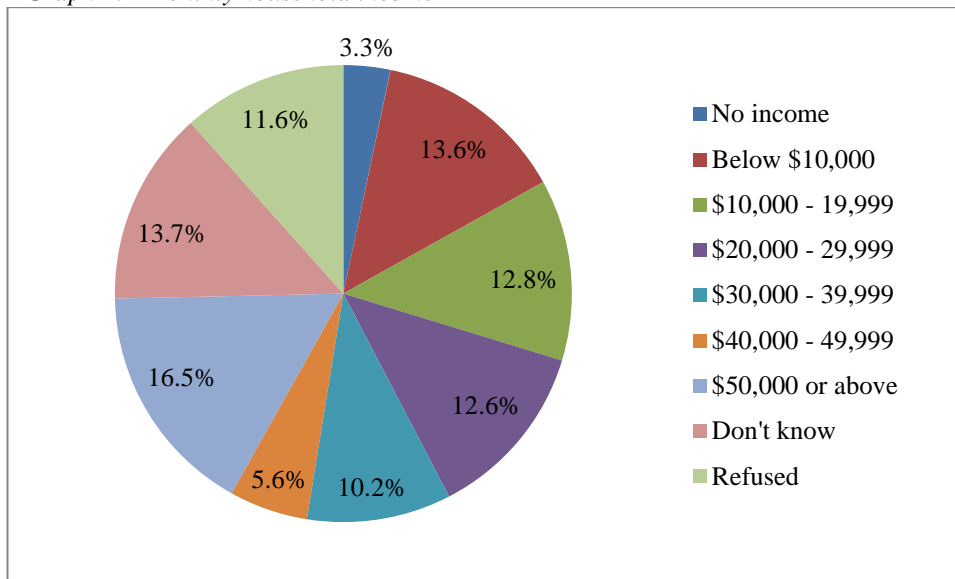
Base: All respondents (n = 5 012)

Graph 24 Monthly personal income



Base: All respondents (n = 5 012)

Graph 25 Monthly household income



Base: All respondents (n = 5 012)

Appendix 3 Questionnaires

(English Version)

Opinion Survey on Regulation of Private Healthcare Facilities (PHFs)

Questionnaire

Introduction

【Read out】 Good afternoon/ evening! I am _____, an interviewer from CSG. We are commissioned by **Food and Health Bureau of the Government** to collect views of the general public on the review of the “**Regulation of Private Healthcare Facilities (PHFs)**”, which has been put forth for public consultation recently. Thank you for your cooperation!

【Read out if necessary】 This study aims to collect opinions on the proposed **regulation of private healthcare facilities** from the general public of different backgrounds, regardless of whether you are knowledgeable in **private healthcare facilities**. Your opinions are **essential** to the study. We hope you can take part in the survey.

Screening of Respondents

S1 This survey needs the participation of a suitable member randomly selected from your household. Could you please tell me, including yourself, how many persons are at least 18 years old and are living here for at least 4 nights a week? Domestic helper living here should not be counted. **【Record the number of persons】**

	【Single Answer】	
Yes	1	→ 【Record the answer】 _____ Person(s)
No	2	→ 【Terminate the interview】

【If there is only 1 person, read out】 I would like to interview that person. Is he or she available for an interview now? **【Read out introduction】**

【If there is more than 1 person, read out】 I would like to interview the one who has passed the birthday most recently among these _____ persons. Is he or she available for an interview now?

	【Single Answer】	
Self	1	→ 【Read out introduction】
Others	2	→ 【Read out】 Is he or she available for an interview now?

【If the selected person is not available, probe】 When will he /she be available?

【Record the expected available time and relevant information on the telephone sheet to facilitate follow-up actions】

【Please repeat the introduction if there is a change in the respondent】

【Read out to the selected person】 Your opinions are very important to the proposed regulation of PHFs (private healthcare facilities). Only a few minutes will be needed for the brief interview.

【Check the household telephone number】

E1 Gender **【Record without asking】** :

1. Male 2. Female

E2 May I know your age, please?

【Read out are you over ___ years old if necessary】

- 0 Under 18 **【Ask S1 again and select a suitable household member for interview】**
- 1 18-24 years old
- 2 25-29 years old
- 3 30-34 years old
- 4 35-39 years old
- 5 40-44 years old
- 6 45-49 years old
- 7 50-54 years old
- 8 55-59 years old
- 9 60-64 years old
- 10 65-69 years old
- 11 70-74 years old
- 12 75-79 years old
- 13 80 or above
- 14 **【Do not read out】** Refused **【Terminate the interview】**

Main Questionnaire

- 1) The Government proposes to define **high-risk medical procedures** and **regulate facilities** where **high-risk medical procedures** are performed. **High-risk medical procedures include general anesthesia, liposuction, chemotherapy, etc.** To what extent do you agree with the proposal? “Strongly agree”, “agree”, “half-half”, “disagree” or “strongly disagree”?

- 1 Strongly disagree
- 2 Disagree
- 3 Half-half
- 4 Agree
- 5 Strongly agree
- 8 **【Do not read out】** Don't know / No opinion
- 9 **【Do not read out】** Refused

- 2) The **existing legislation regulates** only the **staffing** and **equipment** of the **PHFs (private healthcare facilities)**. Some propose **strengthening** the regulation on the **service quality** of the PHFs (private healthcare facilities) in terms of **governance structure⁴**, **patients' safety** and **risk management**, etc. To what extent do you agree with the **proposal**? “Strongly agree”, “agree”, “half-half”, “disagree” or “strongly disagree”?

- 1 Strongly disagree
- 2 Disagree
- 3 Half-half
- 4 Agree
- 5 Strongly agree
- 8 **【Do not read out】** Don't know / No opinion
- 9 **【Do not read out】** Refused

- 3) To what extent do you agree that **all regulated PHFs (private healthcare facilities)** should provide the **public** and **patients** with the following **fee information**?

【Read out Q3(a) – (c)】

- (a) **Details of fees**, such as a **detailed fee schedule**. “Strongly agree”, “agree”, “half-half”, “disagree” or “strongly disagree”?

- 1 Strongly disagree
- 2 Disagree
- 3 Half-half
- 4 Agree
- 5 Strongly agree
- 8 **【Do not read out】** Don't know / No opinion
- 9 **【Do not read out】** Refused

⁴ For example, appointment of person-in-charge, establishment of medical advisory committee, set up complaints management system, establishment of an information system connectable with the electronic health record sharing system (eHRSS) and maintenance of hospital accreditation status

- (b) **Clear estimate of charges for treatment.** **[Read out if necessary]** “Strongly agree”, “agree”, “half-half”, “disagree” or “strongly disagree”?

- 1 Strongly disagree
- 2 Disagree
- 3 Half-half
- 4 Agree
- 5 Strongly agree
- 8 **[Do not read out]** Don't know / No opinion
- 9 **[Do not read out]** Refused

- (c) **Statistics on historical bill sizes of patients.** **[Read out if necessary]** “Strongly agree”, “agree”, “half-half”, “disagree” or “strongly disagree”?

- 1 Strongly disagree
- 2 Disagree
- 3 Half-half
- 4 Agree
- 5 Strongly agree
- 8 **[Do not read out]** Don't know / No opinion
- 9 **[Do not read out]** Refused

- 4) To what extent do you agree that **the Government** should **establish a complaint system** to **handle complaints** lodged by patients against **the regulated PHFs (private healthcare facilities)**? “Strongly agree”, “agree”, “half-half”, “disagree” or “strongly disagree”?

- 1 Strongly disagree
- 2 Disagree
- 3 Half-half
- 4 Agree
- 5 Strongly agree
- 8 **[Do not read out]** Don't know / No opinion
- 9 **[Do not read out]** Refused

5) To what extent do you agree that **the Government** should **in particular establish a mechanism to regulate the medical groups**, such as the existing chains of clinics, which are held **in the name of private healthcare companies** and only employ medical practitioners **to provide healthcare services**⁵? **[Read out if necessary]** “Strongly agree”, “agree”, “half-half”, “disagree” or “strongly disagree”?

- 1 Strongly disagree
- 2 Disagree
- 3 Half-half
- 4 Agree
- 5 Strongly agree
- 8 **[Do not read out]** Don't know / No opinion
- 9 **[Do not read out]** Refused

6) To what extent do you agree that the following **statutory powers** of the **authority concerned** should be **enhanced**?

(a) To **issue regulations and code of practice**, and to **initiate prosecutions** or **impose penalties** against those who have **violated** these **regulations** or **code of practice**. “Strongly agree”, “agree”, “half-half”, “disagree” or “strongly disagree”?

- 1 Strongly disagree
- 2 Disagree
- 3 Half-half
- 4 Agree
- 5 Strongly agree
- 8 **[Do not read out]** Don't know / No opinion
- 9 **[Do not read out]** Refused

(b) To issue **orders to cease the operation of facilities, instruments or services** which pose **risk to patients' safety**. **[Read out if necessary]** “Strongly agree”, “agree”, “half-half”, “disagree” or “strongly disagree”?

- 1 Strongly disagree
- 2 Disagree
- 3 Half-half
- 4 Agree
- 5 Strongly agree
- 8 **[Do not read out]** Don't know / No opinion
- 9 **[Do not read out]** Refused

⁵ The investors or managers are not the medical professional and do not have full control of the PHFs concerned in ensuring effective governance and maintaining high service quality

7) What is your opinion on the following **increased** or **new** sanctions imposed against the regulated PHFs (private healthcare facilities)?

【Read out Q7(a) – (d)】

(a) To increase the **sanctions** against **unlicensed private hospitals** from the **existing** fine of **two thousand dollars** and imprisonment for **three months** to a **maximum** fine of **five million dollars** and imprisonment for **two years**. **【Do you think that the increased sanction is “too severe”, “a bit severe”, “appropriate”, “a bit lenient” or “too lenient”?**

- 1 Too severe
- 2 A bit severe
- 3 Appropriate
- 4 A bit lenient
- 5 Too lenient
- 8 **【Do not read out】** Don't know / No opinion
- 9 **【Do not read out】** Refused

(b) To increase the sanctions against **registered private hospitals for non-compliance with the regulatory provisions** from the **existing** fine of **two thousand dollars** to a **maximum** fine of **one million dollars**. **【Read out if necessary】** Do you think that the increased sanction is “too severe”, “a bit severe”, “appropriate”, “a bit lenient” or “too lenient”?

- 1 Too severe
- 2 A bit severe
- 3 Appropriate
- 4 A bit lenient
- 5 Too lenient
- 8 **【Do not read out】** Don't know / No opinion
- 9 **【Do not read out】** Refused

(c) To impose **sanctions** against **unlicensed facilities where high-risk medical procedures are performed** with a **maximum** fine of **one hundred thousand dollars** and imprisonment for **three months**. **【Read out if necessary】** Do you think that the new sanction is “too severe”, “a bit severe”, “appropriate”, “a bit lenient” or “too lenient”?

- 1 Too severe
- 2 A bit severe
- 3 Appropriate
- 4 A bit lenient
- 5 Too lenient
- 8 **【Do not read out】** Don't know / No opinion
- 9 **【Do not read out】** Refused

(d) To impose **sanctions** against **unlicensed medical groups** with a **maximum** fine of **one hundred thousand dollars** and imprisonment for **three months**. **[Read out if necessary]** Do you think that the new sanction is “too severe”, “a bit severe”, “appropriate”, “a bit lenient” or “too lenient”?

- 1 Too severe
- 2 A bit severe
- 3 Appropriate
- 4 A bit lenient
- 5 Too lenient
- 8 **[Do not read out]** Don't know / No opinion
- 9 **[Do not read out]** Refused

Respondents' Profile

To facilitate our analysis of the views of respondents of different backgrounds, we would like to ask about some of your personal information.

E3 Are you an employed person? **[Employed persons include employers, employees and those who are self-employed]**

- 1 Yes **[Continue with E3a]**
- 2 No **[Skip to E3c]**
- 9 **[Do not read out]** Refused **[Skip to E4]**

[E3a&E3b for working respondents only, i.e. E3 = 1]

E3a Are you **working at PHFs (private healthcare facilities)**? **[Single Answer]**
[If necessary, read out: Private healthcare facilities include private hospitals, private day treatment centres and private clinics]

- 1 Yes
- 2 No
- 9 **[Do not read out]** Refused

E3b Which industry you are working and what is your occupation?

[For those with more than one job, record the main job (i.e. the job he/she spends the longest working hours weekly)]

【Record】 Industry: _____

【Record】 Occupation (or position) : _____

- 1 Managers and administrators
- 2 Professionals
- 3 Associate professionals
- 4 Clerical support workers
- 5 Service and shop sales workers
- 6 Craft and related workers
- 7 Plant and machine operators and assemblers
- 8 Elementary occupations
- 9 Others
- 99 **【Do not read out】** Refused

【Skip to E4】

【E3c for non-working respondents only, i.e. E3 = 2】

E3c So, are you a student, homemaker, retired person or unemployed person?

- 1 Student
- 2 Homemaker
- 3 Retired person
- 4 Unemployed person
- 5 **【Do not read out】** Others (e.g. disabled, chronically ill), please specify: _____
- 9 **【Do not read out】** Refused

E4 What is your highest level of educational attainment?

【Read out options 1 – 5 if necessary】

【For students, it should be their current level of study】

【If the answer is “post-secondary”/”Tertiary”, probe】 What is the level of the programme?

- 1 Primary or below
- 2 Secondary (Form 1-7/ Junior Secondary/ Senior Secondary/ Project Yi Jin/ Yi Jin Diploma Programme/ Apprenticeship Scheme)
- 3 Post-secondary (Sub-degree courses, including Diploma or Certificate courses)
- 4 Post-secondary (Sub-degree courses, including Higher Diploma, Higher Certificate, Associate Degree courses, etc.)
- 5 Tertiary (Degree or above courses)
- 9 **【Do not read out】** Refused

E5 Is your residence purchased or rented?

Is it a public housing or private housing?

【If answer “Others”, probe】 Which housing type is it?

Purchased

- 1 Purchased public housing or subsidised sale flats (including flats of Home Ownership Scheme / Tenant Purchase Scheme / subsidised sale flats of Housing Society, etc.)
- 2 Purchased private housing

Rented

- 3 Rented public housing (including rental flats of Housing Authority and Housing Society / interim housing rental flats)
- 4 Rented private housing

Others

- 5 Staff quarters (e.g. government quarters, university staff quarters)
- 6 Others, please specify: _____
- 8 **【Do not read out】** Don't know / Not sure
- 9 **【Do not read out】** Refused

E6 Which of the 18 districts are you living in?

If respondent is not sure about the living district, interviewers please record the estate or area that the respondent is living in. Estate / Area: _____

	<u>HK Island</u>		<u>West Kowloon</u>		<u>East Kowloon</u>		<u>West N.T</u>		<u>East N.T</u>
1	Central & Western	5	Yau Tsim Mong	8	Wong Tai Sin	10	Kwai Tsing	14	North
2	Wan Chai	6	Sham Shui Po	9	Kwun Tong	11	Tsuen Wan	15	Tai Po
3	Eastern	7	Kowloon City			12	Tuen Mun	16	Sha Tin
4	Southern					13	Yuen Long	17	Sai Kung
						18	Islands		
99	【Do not read out】		Refused						

E7 What is your average monthly **personal** income?

Please include your income from all sources, e.g. employment salary / wages, retirement fund / pensions, financial support from relatives / friends living apart, government allowance / assistance, rental / investment income, etc. and MPF (Mandatory Provident Fund) contribution.

【Read out if over _____ dollars if necessary】

1 No income **【Show if non-working respondent, i.e. E3 <> 1】**

2 \$1 - \$4,999

3 \$5,000 - \$9,999

4 \$10,000 - \$14,999

5 \$15,000 - \$19,999

6 \$20,000 - \$24,999

7 \$25,000 - \$29,999

8 \$30,000 - \$34,999

9 \$35,000 - \$39,999

10 \$40,000 - \$44,999

11 \$45,000 - \$49,999

12 \$50,000 or above

99 **【Do not read out】** Refused

E8 What is the average monthly income of your **household**?

【Read out if over _____ dollars if necessary】

[Logic check : E8 >= E7]

1 No income **【Show if non-working respondent, i.e. E3 <> 1】**

2 \$1 - \$4,999

3 \$5,000 - \$9,999

4 \$10,000 - \$14,999

5 \$15,000 - \$19,999

6 \$20,000 - \$24,999

7 \$25,000 - \$29,999

8 \$30,000 - \$34,999

9 \$35,000 - \$39,999

10 \$40,000 - \$44,999

11 \$45,000 - \$49,999

12 \$50,000 - \$59,999

13 \$60,000 - \$69,999

14 \$70,000 - \$79,999

15 \$80,000 - \$89,999

16 \$90,000 - \$99,999

17 \$100,000 or above

98 **【Do not read out】** Don't know / Not sure

99 **【Do not read out】** Refused

**** This is the end of the interview. Thank you for sharing your opinions. Bye! ****

(Cantonese Version)**〈私營醫療機構規管〉諮詢意見調查****問卷****介紹詞**

【訪問員讀出】你好！我姓__，係受**政府食物及衛生局**委託嘅精確市場研究中心嘅訪問員，我哋正就近期進行公眾諮詢嘅「**私營醫療機構規管**」**檢討**收集市民對呢次檢討嘅意見。首先多謝你嘅合作！

【有需要時讀出】今次嘅研究係希望收集唔同背景嘅市民對「**私營醫療機構規管**」嘅意見，不論你對**私營醫療機構**認唔認識，你嘅意見對於今次嘅研究都**好重要**，希望你能夠抽空參與。

受訪者甄選

S1 呢項意見調查係需要喺你嘅**家庭成員**當中，**隨機**揀選其中**一位**合適嘅成員參與。請問計埋**你自己**在內，你屋企總共有幾多位**18歲或以上**，一星期最少有**四晚**喺啲嘢嘅家庭成員呢？**留宿嘅家庭傭工**係**唔計**嘅。**【記錄人數】**

	【單選】	
有	1	→ 【填寫答案】 _____位
無	2	→ 【結束訪問】

【如果只有 1 位，讀出】我想同佢做個訪問，麻煩你請佢嚟聽電話。**【讀出簡介】**

【如果多於 1 位，讀出】係呢____位之中，我想同**啱啱過咗生日**嗰位做訪問，麻煩你請佢嚟聽電話。

	【單選】	
自己	1	→ 【讀出簡介】
其他人	2	→ 麻煩你請佢嚟聽電話。 【讀出介紹詞】

【如選中家庭成員不在，追問】請問佢大約幾點喺度呢？

【記錄回家時間及相關資料於電話紙上，以便跟進】

【如轉換談話對象，請重複介紹詞】

【訪問員向選中的家庭成員讀出】你嘅意見對建議嘅「**私營醫療機構規管**」非常重要，想阻你幾分鐘做個簡短嘅訪問。

【核對電話號碼】

E1 受訪者性別 **【不需提問，直接記錄受訪者性別】**: 1 男 2 女

E2 請問你嘅年齡大約係幾多呢？【如有需要，讀出大唔大過__歲】

- 0 【不讀出】 18 歲以下 【重新詢問 S1 並選擇合適家庭成員進行訪問】
- 1 18-24 歲
- 2 25-29 歲
- 3 30-34 歲
- 4 35-39 歲
- 5 40-44 歲
- 6 45-49 歲
- 7 50-54 歲
- 8 55-59 歲
- 9 60-64 歲
- 10 65-69 歲
- 11 70-74 歲
- 12 75-79 歲
- 13 80 歲或以上
- 14 【不讀出】 拒絕回答 【終止訪問】

主問卷

Q1. 政府建議界定邊啲係屬於高風險醫療程序，同埋規管進行呢啲高風險醫療程序嘅場所，高風險醫療程序例子包括全身麻醉、抽脂、洗腎、化療等，你同唔同意呢項建議呢？係非常同意、同意、一半半、唔同意，定非常唔同意呢？

- 1 非常唔同意
- 2 唔同意
- 3 一半半
- 4 同意
- 5 非常同意
- 8 【不讀出】 唔知道／無意見
- 9 【不讀出】 拒絕回答

Q2. 現時法例只係規管私營醫療機構嘅人手同設備，有建議加強規管私營醫療機構嘅服務質素，例如管治架構⁶、病人安全、風險管理等。你同唔同意呢項建議呢？係非常同意、同意、一半半、唔同意，定非常唔同意呢？

- 1 非常唔同意
- 2 唔同意
- 3 一半半
- 4 同意
- 5 非常同意
- 8 **【不讀出】** 唔知道／無意見
- 9 **【不讀出】** 拒絕回答

Q3. 你同唔同意所有受規管嘅私營醫療機構都應該向市民同病人提供以下有關收費嘅資訊呢？

【逐一讀出所有項目（即Q3(a) – (c)）】

(a) 收費詳情，例如詳盡嘅價目表。係非常同意、同意、一半半、唔同意，定非常唔同意呢？

- 1 非常唔同意
- 2 唔同意
- 3 一半半
- 4 同意
- 5 非常同意
- 8 **【不讀出】** 唔知道／無意見
- 9 **【不讀出】** 拒絕回答

(b) 明確嘅醫療支出預算。**【有需要時，讀出】**係非常同意、同意、一半半、唔同意，定非常唔同意呢？

- 1 非常唔同意
- 2 唔同意
- 3 一半半
- 4 同意
- 5 非常同意
- 8 **【不讀出】** 唔知道／無意見
- 9 **【不讀出】** 拒絕回答

⁶ 例如委任負責人、設立與醫院互通嘅醫療系統、設立投訴管理制度、成立醫學顧問委員會、註冊規定等

(c) 過往向病人收費嘅統計數據。【有需要時，讀出】係非常同意、同意、一半半、唔同意，定非常唔同意呢？

- 1 非常唔同意
- 2 唔同意
- 3 一半半
- 4 同意
- 5 非常同意
- 8 【不讀出】唔知道／無意見
- 9 【不讀出】拒絕回答

Q4. 你同唔同意政府應該設立投訴機制，去處理病人對受規管嘅私營醫療機構嘅投訴呢？係非常同意、同意、一半半、唔同意，定非常唔同意呢？

- 1 非常唔同意
- 2 唔同意
- 3 一半半
- 4 同意
- 5 非常同意
- 8 【不讀出】唔知道／無意見
- 9 【不讀出】拒絕回答

Q5. 你同唔同意政府應該特別訂立機制去規管醫療集團⁷呢？醫療集團係指以公司名義持有，而只聘請醫生去提供醫療服務嘅私營醫療機構，例如現時以同一名稱開設嘅連鎖診所。【有需要時，讀出】係非常同意、同意、一半半、唔同意，定非常唔同意呢？

- 1 非常唔同意
- 2 唔同意
- 3 一半半
- 4 同意
- 5 非常同意
- 8 【不讀出】唔知道／無意見
- 9 【不讀出】拒絕回答

⁷ 呢啲醫療集團嘅投資者或管理人並唔係醫療人員，嗰啲類醫療集團執業嘅醫生無法控制有關機構，難以確保有效管治同維持優質服務。

Q6. 你同唔同意加強當局以下嘅法定權力呢？

【逐一讀出以下選項（即Q6(a) - (b)）】

(a) 發布規例及實務守則，同埋對違反呢啲規例或守則嘅行為提出檢控或者施行罰則。係非常同意、同意、一半半、唔同意，定非常唔同意呢？

- 1 非常唔同意
- 2 唔同意
- 3 一半半
- 4 同意
- 5 非常同意
- 8 **【不讀出】** 唔知道／無意見
- 9 **【不讀出】** 拒絕回答

(b) 發出指令，停止營運對病人安全構成風險嘅設施、儀器或者服務。**【有需要時，讀出】**係非常同意、同意、一半半、唔同意，定非常唔同意呢？

- 1 非常唔同意
- 2 唔同意
- 3 一半半
- 4 同意
- 5 非常同意
- 8 **【不讀出】** 唔知道／無意見
- 9 **【不讀出】** 拒絕回答

Q7. 你對**提高**或者**新增**以下對**受規管嘅私營醫療機構**嘅罰則有咩睇法呢？

【逐一讀出以下罰則（即 Q7(a) – (d)）】

- (a) 提高**無牌營運私家醫院**嘅罰則，由現時罰款**二千元**及監禁**三個月**，增加至**最高罰款五百萬元**及監禁**兩年**。係太重、有啲重、合適、有啲輕定係太輕呢？
- 1 太重
 - 2 有啲重
 - 3 合適
 - 4 有啲輕
 - 5 太輕
 - 8 **【不讀出】** 唔知道／無意見
 - 9 **【不讀出】** 拒絕回答
- (b) 提高**已註冊私家醫院違反規管條文**嘅罰則，由現時罰款**二千元**，增加至**最高罰款一百萬元**。**【有需要時，讀出】**係太重、有啲重、合適、有啲輕定係太輕呢？
- 1 太重
 - 2 有啲重
 - 3 合適
 - 4 有啲輕
 - 5 太輕
 - 8 **【不讀出】** 唔知道／無意見
 - 9 **【不讀出】** 拒絕回答
- (c) 新增**無牌營運進行高風險醫療程序嘅場所**嘅罰則，最高罰款**十萬元**及監禁**三個月**。**【有需要時，讀出】**係太重、有啲重、合適、有啲輕定係太輕呢？
- 1 太重
 - 2 有啲重
 - 3 合適
 - 4 有啲輕
 - 5 太輕
 - 8 **【不讀出】** 唔知道／無意見
 - 9 **【不讀出】** 拒絕回答

- (d) 新增**無牌營運醫療集團**嘅罰則，最高罰款十萬元及監禁三個月。**【有需要時，讀出】**
係太重、有啲重、合適、有啲輕定係太輕呢？

- 1 太重
- 2 有啲重
- 3 合適
- 4 有啲輕
- 5 太輕
- 8 **【不讀出】** 唔知道／無意見
- 9 **【不讀出】** 拒絕回答

受訪者背景資料

為咗方便分析不同背景人士嘅意見，想問你一啲簡單嘅個人資料。

- E3** 請問你係唔係在職人士呢？**【在職人士包括僱主、僱員及自僱人士】**

- 1 係 **【續問 E3a】**
- 2 唔係 **【跳問 E3c】**
- 9 **【不讀出】** 拒絕回答 **【跳問 E4】**

【E3a 及 E3b 只問在職的受訪者，即 E3= 1】

- E3a** 請問你係唔係喺**私營醫療機構**工作呢？**【單選】**

【如有需要，讀出：私營醫療機構係指私營醫院、私營日間治療中心及私營診所】

- 1 係
- 2 唔係
- 9 **【不讀出】** 拒絕回答

E3b 請問你工作嘅行業同職業係乜嘢呢？【單選】
【記錄答案，如多於一份工作，記錄主業資料（即每星期工作時間最長的一份）】

【記錄】行業：_____

【記錄】職業（或職位）：_____

- 1 經理及行政級人員
- 2 專業人員
- 3 輔助專業人員
- 4 文員支援人員
- 5 服務工作及銷售人員
- 6 工藝及有關人員
- 7 機台及機器操作員／裝配員
- 8 非技術工人
- 9 其他職業
- 99 【不讀出】拒絕回答

【跳問 E4】

【E3c 只問非在職的受訪者，即 E3 = 2】

E3c 咁請問你屬於以下邊類人士呢？係學生、家務料理者、退休人士定係待業人士呢？
【單選】

- 1 學生
- 2 家務料理者
- 3 退休人士
- 4 待業人士／失業人士
- 5 【不讀出】其他（例如：傷殘人士、長期病患者），請註明：_____
- 9 【不讀出】拒絕回答

E4 請問你最高讀到幾多年級或者乜嘢程度呢？

【如有需要，讀出以下 1 - 5 的選項】

【如學生，即現時就讀年級或程度】

【如果答「專上」／「大專」，追問】係乜嘢程度嘅課程呢？

- 1 小學或以下
- 2 中學（中一至中七／初中／高中／毅進計劃／毅進文憑課程／學徒課程）
- 3 專上（學位程度以下課程，包括文憑或證書課程）
- 4 專上（學位程度以下課程，包括高級文憑、高級證書或副學士課程）
- 5 大專（學位或以上程度課程）
- 9 【不讀出】拒絕回答

E5 請問你依家住緊嘅單位係買嘅定係租嘅呢？
係公營嘅、定係私人房屋呢？

【如有需要，讀出以下 1 - 6 的選項】
【如果答「其他」追問】係邊類呢？

自置

- 1 自置公營／資助出售單位（包括居屋／租者置其屋單位／房協資助出售單位等）
- 2 自置私人房屋

租

- 3 租住公營房屋（包括房委會及房協租住單位／中轉房屋租住單位）
- 4 租住私人房屋

其他

- 5 員工宿舍（例如：公務員宿舍、大學教職員宿舍）
- 6 其他，請註明：_____
- 7 **【不讀出】**唔知道／唔清楚
- 9 **【不讀出】**拒絕回答

E6 全港分 18 區，請問你住喺邊一區呢？ **【只作內部選樣監控】**

【如有需要，讀出以下 1 - 18 的選項】
若受訪者不清楚居住區域，訪問員請即時記錄受訪者居住的屋苑／地區。屋苑／地區名稱：_____

香港島		九龍西		九龍東		新界西		新界東	
1 中西區	5 油尖旺	8 黃大仙	10 葵青	14 北區					
2 灣仔	6 深水埗	9 觀塘	11 荃灣	15 大埔					
3 東區	7 九龍城		12 屯門	16 沙田					
4 南區			13 元朗	17 西貢					
			18 離島						
99 【不讀出】 拒絕回答									

E7

請問你嘅**個人**每月收入大約係幾多呢？

留意包括所有收入來源，例如工作收入、退休金、非同住親友嘅經濟支持、政府資助／援助、租金／投資收入等，同埋強積金供款。

【如有需要，讀出多唔多過 ___ 元】

1 冇收入 **【非在職人士才顯示選項，即 E3 <> 1】**

2 \$1 - \$4,999

3 \$5,000 - \$9,999

4 \$10,000 - \$14,999

5 \$15,000 - \$19,999

6 \$20,000 - \$24,999

7 \$25,000 - \$29,999

8 \$30,000 - \$34,999

9 \$35,000 - \$39,999

10 \$40,000 - \$44,999

11 \$45,000 - \$49,999

12 \$50,000 或以上

99 **【不讀出】**拒絕回答

E8 請問你嘅**家庭每月**收入大約係幾多呢？

【如有需要，讀出多唔多過 ___ 元】

[Logic check : E8 >= E7]

1 冇收入 **【非在職人士才顯示選項，即 E3 <> 1】**

2 \$1 - \$4,999

3 \$5,000 - \$9,999

4 \$10,000 - \$14,999

5 \$15,000 - \$19,999

6 \$20,000 - \$24,999

7 \$25,000 - \$29,999

8 \$30,000 - \$34,999

9 \$35,000 - \$39,999

10 \$40,000 - \$44,999

11 \$45,000 - \$49,999

12 \$50,000 - \$59,999

13 \$60,000 - \$69,999

14 \$70,000 - \$79,999

15 \$80,000 - \$89,999

16 \$90,000 - \$99,999

17 \$100,000 或以上

98 **【不讀出】** 唔知道／唔清楚

99 **【不讀出】** 拒絕回答

「訪問已經完成，多謝你嘅意見，拜拜！」

(Putonghua Version)

〈私營醫療機構規管〉諮詢意見調查

問卷

介紹詞

【訪問員讀出】你好，我是____，是受**政府食物及衛生局**委託的精確市場研究中心訪問員，我們正就近期進行公眾諮詢的「**私營醫療機構規管**」檢討收集市民對這次檢討的意見。首先謝謝你的合作！

【有需要時讀出】這次研究希望收集不同背景的市民對「**私營醫療機構規管**」的意見，不論你是否認識**私營醫療機構**，你的意見對這次研究都很重要，希望你能夠抽空參與。

受訪者甄選

S1 這項意見調查需要在你的**家庭成員**當中，**隨機**選出其中**一位**合適的成員參與。請問包括你自己在內，你家裏一共有幾位**18歲或以上**，一個星期**最少有四個晚上**在這裏過夜的家庭成員呢？不包括**留宿的家庭傭工**。**【記錄人數】**

	【單選】	
有	1	→ 【填寫答案】 _____位
無	2	→ 【結束訪問】

【如果只有1位，讀出】我想和他做個訪問，麻煩你請他來聽電話。**【讀出簡介】**

【如果多於1位，讀出】在這____位之中，我想和**剛剛過了生日**的那位做訪問，麻煩你請他來聽電話。

	【單選】	
自己	1	→ 【讀出簡介】
其他人	2	→ 麻煩你請他來聽電話。 【讀出介紹詞】

【如選中家庭成員不在，追問】請問他大概幾點會在這裏呢？

【記錄回家時間及相關資料於電話紙上，以便跟進】

【如轉換談話對象，請重複介紹詞】

【訪問員向選中的家庭成員讀出】你的意見對建議的「**私營醫療機構規管**」非常重要，想佔用你幾分鐘做個簡短的訪問。

【核對電話號碼】

E1 受訪者性別 **【不需提問，直接記錄受訪者性別】**: 1 男 2 女

E2 請問你的年齡大概是幾歲呢？【按需要讀出“是否超過__歲?”】

- 0 【不讀出】 18 歲以下【重新詢問 S1 並選擇合適家庭成員進行訪問】
- 1 18-24 歲
- 2 25-29 歲
- 3 30-34 歲
- 4 35-39 歲
- 5 40-44 歲
- 6 45-49 歲
- 7 50-54 歲
- 8 55-59 歲
- 9 60-64 歲
- 10 65-69 歲
- 11 70-74 歲
- 12 75-79 歲
- 13 80 歲或以上
- 14 【不讀出】拒絕回答 【終止訪問】

主問卷

Q1. 政府建議界定哪些是屬於高風險醫療程序，以及規管進行這些高風險醫療程序的場所，高風險醫療程序的例子包括全身麻醉、抽脂、洗腎、化療等，你是否同意這項建議呢？是非常同意、同意、一半半、不同意，還是非常不同意呢？

- 1 非常不同意
- 2 不同意
- 3 一半半
- 4 同意
- 5 非常同意
- 8 【不讀出】不知道／沒意見
- 9 【不讀出】拒絕回答

Q2. 現時法例只規管私營醫療機構的人手及設備，有建議加強規管私營醫療機構的服務質素，比如管治架構⁸、病人安全、風險管理等。你同意這項建議嗎？是非常同意、同意、一半半、不同意，還是非常不同意呢？

- 1 非常不同意
- 2 不同意
- 3 一半半
- 4 同意
- 5 非常同意
- 8 **【不讀出】** 不知道／沒意見
- 9 **【不讀出】** 拒絕回答

Q3. 你是否同意所有受規管的私營醫療機構都應該向市民及病人提供以下有關收費的資訊呢？

【逐一讀出所有項目（即Q3(a) – (c)）】

(a) 收費詳情，比如詳盡的價目表。是非常同意、同意、一半半、不同意，還是非常不同意呢？

- 1 非常不同意
- 2 不同意
- 3 一半半
- 4 同意
- 5 非常同意
- 8 **【不讀出】** 不知道／沒意見
- 9 **【不讀出】** 拒絕回答

(b) 明確的醫療支出預算。**【有需要時，讀出】**是非常同意、同意、一半半、不同意，還是非常不同意呢？

- 1 非常不同意
- 2 不同意
- 3 一半半
- 4 同意
- 5 非常同意
- 8 **【不讀出】** 不知道／沒意見
- 9 **【不讀出】** 拒絕回答

⁸ 例如委任負責人、設立與醫院互通的醫療系統、設立投訴管理制度、成立醫學顧問委員會、註冊規定等

(c) 過往向病人收費的統計數據。【有需要時，讀出】是非常同意、同意、一半半、不同意，還是非常不同意呢？

- 1 非常不同意
- 2 不同意
- 3 一半半
- 4 同意
- 5 非常同意
- 8 【不讀出】不知道／沒意見
- 9 【不讀出】拒絕回答

Q4. 你是否同意政府應該設立獨立投訴機制，來處理病人對受規管的私營醫療機構的投訴呢？是非常同意、同意、一半半、不同意，還是非常不同意呢？

- 1 非常不同意
- 2 不同意
- 3 一半半
- 4 同意
- 5 非常同意
- 8 【不讀出】不知道／沒意見
- 9 【不讀出】拒絕回答

Q5. 你是否同意政府應該特別訂立機制來規管醫療集團⁹呢？醫療集團是指以公司名義持有，而只聘請醫生來提供醫療服務的私營醫療機構，例如現時以同一名稱開設的連鎖式診所。【有需要時，讀出】是非常同意、同意、一半半、不同意，還是非常不同意呢？

- 1 非常不同意
- 2 不同意
- 3 一半半
- 4 同意
- 5 非常同意
- 8 【不讀出】不知道／沒意見
- 9 【不讀出】拒絕回答

⁹ 這些醫療集團的投資者或管理人並不是醫療人員，在這種醫療集團執業的醫生無法控制有關機構，難以確保有效管治和維持優質服務。

Q6. 你是否同意加強當局以下的法定權力呢？

【逐一讀出以下選項（即Q6(a) – (b)）】

(a) 發布規例及實務守則，及對違反該等規例或守則的行為提出檢控或者施行罰則。是非常同意、同意、一半半、不同意，還是非常不同意呢？

- 1 非常不同意
- 2 不同意
- 3 一半半
- 4 同意
- 5 非常同意
- 8 **【不讀出】** 不知道／沒意見
- 9 **【不讀出】** 拒絕回答

(b) 發出指令，停止營運對病人安全構成風險的設施、儀器或服務。**【有需要時，讀出】** 是非常同意、同意、一半半、不同意，還是非常不同意呢？

- 1 非常不同意
- 2 不同意
- 3 一半半
- 4 同意
- 5 非常同意
- 8 **【不讀出】** 不知道／沒意見
- 9 **【不讀出】** 拒絕回答

Q7. 你對提高或新增以下對受規管的私營醫療機構的罰則有甚麼看法呢？

【逐一讀出以下罰則（即Q7(a) – (d)）】

(a) 提高無牌營運私家醫院的罰則，由現時罰款兩千元及監禁三個月，增加至最高罰款五百萬元及監禁兩年。是太重、有點重、合適、有點輕還是太輕呢？

- 1 太重
- 2 有點重
- 3 合適
- 4 有點輕
- 5 太輕
- 8 **【不讀出】** 不知道／沒意見
- 9 **【不讀出】** 拒絕回答

- (b) 提高已註冊私家醫院違反規管條文的罰則，由現時罰款二千元，增加至最高罰款一百萬元。**【有需要時，讀出】**是太重、有點重、合適、有點輕還是太輕呢？

- 1 太重
- 2 有點重
- 3 合適
- 4 有點輕
- 5 太輕
- 8 **【不讀出】** 不知道／沒意見
- 9 **【不讀出】** 拒絕回答

- (c) 新增無牌營運進行高風險醫療程序的場所的罰則，最高罰款十萬元及監禁三個月。**【有需要時，讀出】**是太重、有點重、合適、有點輕還是太輕呢？

- 1 太重
- 2 有點重
- 3 合適
- 4 有點輕
- 5 太輕
- 8 **【不讀出】** 不知道／沒意見
- 9 **【不讀出】** 拒絕回答

- (d) 新增無牌營運醫療集團的罰則，最高罰款十萬元及監禁三個月。**【有需要時，讀出】**是太重、有點重、合適、有點輕還是太輕呢？

- 1 太重
- 2 有點重
- 3 合適
- 4 有點輕
- 5 太輕
- 8 **【不讀出】** 不知道／沒意見
- 9 **【不讀出】** 拒絕回答

受訪者背景資料

為了方便分析不同背景人士的意見，想問你一些簡單的個人資料。

E3 請問你是不是在職人士呢？【在職人士包括僱主、僱員及自僱人士】

- 1 是 【續問 E3a】
- 2 不是 【跳問 E3c】
- 9 【不讀出】拒絕回答 【跳問 E4】

【E3a 及 E3b 只問在職的受訪者，即 E3 = 1】

E3a 請問你是不是在**私營醫療機構**工作呢？【單選】

【如有需要，讀出：私營醫療機構是指私營醫院、私營日間治療中心及私營診所】

- 1 是
- 2 不是
- 9 【不讀出】拒絕回答

E3b 請問你工作的**行業**和**職業**是什麼呢？【單選】
【記錄答案，如多於一份工作，記錄主業資料（即每星期工作時間最長的一份）】

【記錄】行業： _____

【記錄】職業（或職位）： _____

- 1 經理及行政級人員
- 2 專業人員
- 3 輔助專業人員
- 4 文員支援人員
- 5 服務工作及銷售人員
- 6 工藝及有關人員
- 7 機台及機器操作員／裝配員
- 8 非技術工人
- 9 其他職業
- 99 【不讀出】拒絕回答

【跳問 E4】

【E3c 只問非在職的受訪者，即 E3 = 2】

E3c 請問你屬於以下哪一類人士呢？是學生、家務料理者、退休人士還是待業人士呢？

【單選】

- 1 學生
- 2 家務料理者
- 3 退休人士
- 4 待業人士／失業人士
- 5 **【不讀出】** 其他（例如：傷殘人士、長期病患者），請註明：_____
- 9 **【不讀出】** 拒絕回答

E4 請問你最高讀到幾年級或者什麼程度呢？

【如有需要，讀出以下 1 - 5 的選項】

【如學生，即現時就讀年級或程度】

【如果答「專上」／「大專」，追問】是什麼程度的課程呢？

- 1 小學或以下
- 2 中學（中一至中七／初中／高中／毅進計劃／毅進文憑課程／學徒課程）
- 3 專上（學位程度以下課程，包括文憑或證書課程）
- 4 專上（學位程度以下課程，包括高級文憑、高級證書或副學士課程）
- 5 大專（學位或以上程度課程）
- 9 **【不讀出】** 拒絕回答

E5 請問你現在居住的地方是買的还是租的呢？

是公營的、還是私人房屋呢？

【如果答「其他」追問】是哪一類呢？

自置

- 1 自置公營／資助出售房屋（包括居屋／租者置其屋房屋／房協資助出售房屋等）
- 2 自置私人房屋

租

- 3 租住公營房屋（包括房委會及房協租住房屋／中轉房屋租住房屋）
- 4 租住私人房屋

其他

- 5 員工宿舍（例如：公務員宿舍、大學教職員宿舍）
- 6 其他，請註明：_____
- 7 **【不讀出】** 不知道／不清楚
- 9 **【不讀出】** 拒絕回答

E6 全港分 18 個區，請問你住在哪一個區呢？【只作內部選樣監控】

若受訪者不清楚居住區域，訪問員請即時記錄受訪者居住的屋苑／地區。屋苑／地區名稱：_____

香港島		九龍西		九龍東		新界西		新界東	
1	中西區	5	油尖旺	8	黃大仙	10	葵青	14	北區
2	灣仔	6	深水埗	9	觀塘	11	荃灣	15	大埔
3	東區	7	九龍城			12	屯門	16	沙田
4	南區					13	元朗	17	西貢
						18	離島		

99 【不讀出】拒絕回答

E7 請問你的個人每月收入大概是多少呢？

留意包括所有收入來源，例如工作收入、退休金、非同住親友的經濟支持、政府資助／援助、租金／投資收入等，以及強積金供款。

【如有需要，讀出是否超過 ___ 元】

1 沒有收入【非在職人士才顯示選項，即 E3 <> 1】

2 \$1 - \$4,999

3 \$5,000 - \$9,999

4 \$10,000 - \$14,999

5 \$15,000 - \$19,999

6 \$20,000 - \$24,999

7 \$25,000 - \$29,999

8 \$30,000 - \$34,999

9 \$35,000 - \$39,999

10 \$40,000 - \$44,999

11 \$45,000 - \$49,999

12 \$50,000 或以上

99 【不讀出】拒絕回答

E8 請問你的**家庭每月**收入大概是多少呢？

【如有需要，讀出是否超過 ___ 元】

[Logic check : E8 >= E7]

1 沒有收入 **【非在職人士才顯示選項，即 E3 <> 1】**

2 \$1 - \$4,999

3 \$5,000 - \$9,999

4 \$10,000 - \$14,999

5 \$15,000 - \$19,999

6 \$20,000 - \$24,999

7 \$25,000 - \$29,999

8 \$30,000 - \$34,999

9 \$35,000 - \$39,999

10 \$40,000 - \$44,999

11 \$45,000 - \$49,999

12 \$50,000 - \$59,999

13 \$60,000 - \$69,999

14 \$70,000 - \$79,999

15 \$80,000 - \$89,999

16 \$90,000 - \$99,999

17 \$100,000 或以上

98 【不讀出】 不知道／不清楚

99 【不讀出】 拒絕回答

** 「訪問已經完成，謝謝你的意見，再見！」 **